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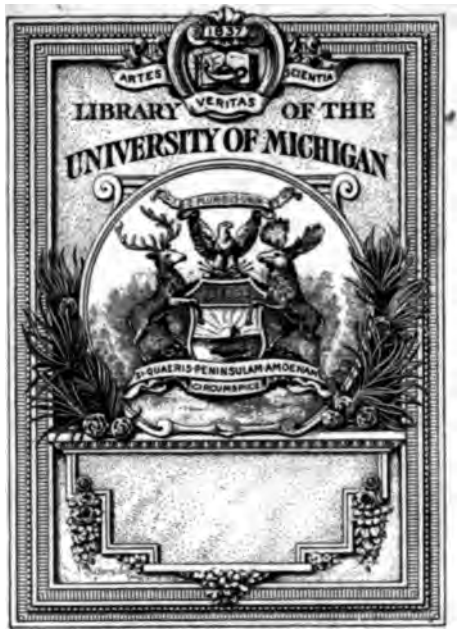
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THE

WESTERN LANCET

AND

HOSPITAL REPORTER.

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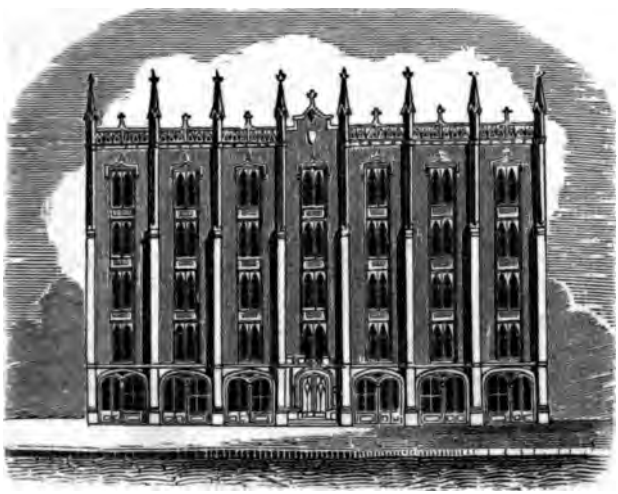

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PART I.

ORIGINAL COMMUNICATIONS.

ART. I.—*Lectures on the Pathology, Diagnosis, and Treatment of Diseases of the Chest; delivered in the Commercial Hospital and Medical College of Ohio.* By L. M. LAWSON, M. D., etc.

LECTURE XIV.—Chronic Bronchitis. Definition; Symptoms; Pathology; Causes; Duration; Prognosis; Diagnosis.

Definition.—Chronic Bronchitis is a low grade of inflammation, of long continuance, occupying more or less extensively the mucous membrane of the bronchial tubes. It may exist as a primary affection, or as a result of the acute variety; and when arising from some other and distinct disease (such as general fever) it is called *secondary* bronchitis; or *specific*, when it proceeds from the Syphilitic or *Scrofulous* diathesis.

The distinctions between the acute and chronic forms of bronchial inflammation, relate more to time than degree; for the stage of *resolution* in the acute form, and the permanent condition of the chronic variety, are essentially the same. In other words, the chronic form is merely a prolongation of the second, or (according to the views previously given) the *third* stage of the acute disease. In addition to this, it must be remarked, that mere *duration* is not infallible evidence of chronicity, for the disease may continue for weeks or months and still manifest a grade of action *above* the legitimate chronic excitement. When, however, the stage of resolution of the acute disease does not terminate within a few weeks, but be-

comes indefinitely prolonged; or when an idiopathic bronchitis, of a *low grade*, continues for weeks or months, the disease is properly termed *chronic*.

Chronic bronchitis is particularly remarkable for the number, extent, and importance of its *complications*, or *secondary* lesions. Thus the morbid action is manifested, not only in the bronchial tubes, but it may also extend to the air cells and substance of the lungs, thereby inducing disease and even closure of the vesicles, emphysema, and, secondarily, affections of the heart, together with serious derangments of the functions of hæmatosis, innervation, circulation, secretion and nutrition.

Symptoms.—The symptoms of chronic bronchitis are extremely variable, depending largely on the *intensity* of morbid action. The lowest grade of excitement that receives the name of bronchitis, is an apyrexial disease, characterized by occasional cough and expectoration, manifesting a tendency, under favorable circumstances, to almost entire cessation, but readily reproduced and increased on exposure to a variable or cold atmosphere. In persons thus affected, but little disease may be manifested during warm weather; but when the cold and variable season of winter sets in, all of the symptoms are liable to great aggravation, the cough becoming more constant and distressing. These annual remissions and exacerbations may continue for years in succession, the former becoming less complete, and the latter more protracted and intense—until finally the disease becomes fully developed, and the most serious lesions are produced.

In a case of medium intensity from the beginning, there is some degree of febrile excitement, with evening exacerbations; together with more or less mucous, muco-purulent, or albuminous sputa. The cough is generally paroxysmal, and varies greatly in intensity; tightness and soreness of the chest are often complained of, together with wandering pains and embarrassed respiration. The degree to which respiration is impeded, varies greatly in different examples, and is produced by different lesions. Where the *nervous* element predominates, causing undue contraction of the parts, it becomes simply *asthmatic*, and occurs in paroxysms; but it may depend on *permanent* lesions, such as obstruction or dilatation of the bronchi, collapse of the air-cells, and emphysema; and it is then more fixed and uniform, though still manifesting appreciable exacerbations and remissions.

As the disease advances, various constitutional symptoms become manifest; the patient emaciates, hectic and night

sweats are established, the sputa become copious, often purulent, and occasionally tinged with blood. When this train of symptoms become established, the patient is generally (at least by his friends, if not physician) believed to labor under tubercular phthisis; and the cure of such cases by irregular and too often designing practitioners, at once produces the impression that the extraordinary skill of the *doctor* has enabled him to cure *consumption.*

The *sputa* in chronic bronchitis become important as indicative of particular kinds and degrees of lesion. It will be remembered that a transparent and tenacious mucus is characteristic of the *acute* form; and that when the disease reaches the stage of *resolution*, the secretion becomes opaque, white or yellowish, and much less tenacious. Now this latter substance which characterizes the stage of resolution in acute bronchitis, is the ordinary sputum of the chronic variety. It does not, however, always present the simple form just mentioned, but the color, general appearance and actual composition, exhibit different modifications, according to the special characters of each case. Dr. Stokes enumerates *five* varieties:

First—Transparent mucous secretion.

Second—Opaque mucous or albuminous secretion.

1. Amorphous.
2. Moulded to the form of the tubes.

Third—Muco-puriform secretions.

Fourth—Puriform secretions.

Fifth—Serous secretions.

This arrangement, it seems to me, is objectionable in several important particulars. In the first place, the transparent tenacious secretions is a sign of the acute disease, as previonsly stated; and when it occurs in the course of the *chronic* variety, it indicates merely a *return* or increase of the excitement. It is not, therefore, a characteristic sign of that long continued and low grade of action which exist in the chronic disease. The second division, which is styled by Dr. Stokes the "opaque mucous, or albuminous secretion," embraces the common white or yellowish sputa properly belonging to the disease; but there is an error in denominating it a *mucous* or *albuminous* secretion. These two properties—mucus and albumen—are by no means similar, although they *may* occur conjointly. The common opaque mucus contains a large proportion of *mucin*, with a mere trace of albumen; and the albumen as the chief constituent, is present only when the secretion becomes purulent. It is an error, therefore, to make

the mucous and albuminous sputa synonymous. The mere change from a transparent to an opaque substance does not render the latter lessthan the former a mucous secretion. The principal difference between transparent and opaque mucus, consists in the exclusion of air from the latter, so that it becomes dense, is discharged in seperate masses, and may become so compact as to sink in water.

The last variety mentioned by Dr. Stokes is the serous secretion. The strictly serous secretion is not often met with in simple chronic bronchitis; it is, however, rather the result of a passive form of congestion, and is witnessed in humid asthma, or œdema of the lungs, constituting what is commonly styled *broncorrhœa*. And when it occurs is actual bronchitis, the serous fluid is usually intermixed with flocculi, or opaque masses, floating in the serum.

We may safely assume, therefore, that the *opaque mucous* and *muco-puriform* sputa are those which characterize ordinary chronic bronchitis. The common opaque sputa are discharged in irregularly shaped masses, of a dull white color, generally with a yellowish tinge. They contain a small quantity of air, sufficient to allow them to float on water for a short time, but finally the fluid penetrates their interstices, thus allowing the contained air to escape, and the mucus sinks to the bottom. A microscpic examination reveals slightly different appearances in the white and yellow masses. The *white* contain mucus-corpuscles intermixed with epithelium scales, which are united by coagulated *mucin*, having a membraniform and slightly granular appearance. The *yellow* masses contain, in addition to mucous and epithelial cells, large granular cells, with occasionally a nucleus or central cell. Simon has seen these large cells likewise in the gray or yellow-streaked flocculi thrown off during a slight catarrh, as well as in the thick yellow mucus secreted during a cold (*Animal Chemistry*, p. 355.) The following is a quantitative analysis of the "floating clots," as given by Simon.

Water	941.75
Solid constiuents	58.25
Fat with traces of cholesterin	5.01
Spirit extract, with lactates and chloride of sodium	11.09
Alcohol extract	6.95
Cells, mucin, and a little albumen	34.80

Muco-purulent sputa occurring in acute or chronic bronchitis, very closely resemble the yellowish mucus already mentioned, and it is not always possible to distinguish at once between them, especially when the proportion of pus is small.

For a detailed account of the different varieties of sputa, and especially the distinction between pus and mucus, I would refer to what was stated in the Second Lecture. It may be remarked now, however, that purulent mucus has less tenacity but greater density than *simple* mucus; it readily sinks in water, owing to the small quantity of air-bubbles retained and its ready solubility in water. These characters, when well marked, serve to distinguish with tolerable certainty the muco-purulent secretion; but as the relative proportions of mucus and pus are exceedingly variable, it is not possible always to distinguish between them, especially when the quantity of pus is small.

We must remember, however, that the opaque, mucus sputa are often mingle with more or less *transparent* mucus. In such examples the opaque mucus floats in the frothy transparent secretion, in variable proportions, according to the peculiarities of the case. When thrown off without the transparent fluid, the sputa run together and present a nearly uniform mass, somewhat adhesive, of a dull white or yellowish color. The tenacity (although less than the transparent variety) is sufficient to prevent the mass from separating when thrown on a flat surface.

It is not usual to meet with blood in the sputa of bronchitis; but in some instances they are streaked or tinged with sanguineous fluid, more or less extensively. This may occur under two widely different circumstances; first, in an early stage, when the mucous membrane has become strongly *congested*, thereby inducing exhalation from the capillary vessels; or, secondly, when the disease has become chronic, and a copious opaque mucus or muco-purulent secretion has continued for a length of time.

Physical Signs.—Auscultation reveals, during the progress of chronic bronchitis, the existence of certain rhonchi, indicative of different lesions of the solid structures, or varying degrees and conditions of secretion; these rhonchi, however, correspond with those already described in connection with the acute disease, so that I need now advert only to the special modifications occurring in the chronic variety. The mucous, sonorous, sibilant and sub-crepitant rhonchi, as in the acute variety, will be found, variouslv combined, in the chronic; thus when *thickening* has occurred, the *sibilant* rhonchus is heard; if the secretion be copious, the mucous rhonchus is developed, and so on. But in addition to these signs—which may be regarded as the more *common* evidences of the disease—there are others of a special character, which claim the practitioner's

most careful attention. Let us examine the evidences derived from percussion, and the respiratory murmur.

1. *Percussion.*—As a general rule, percussion yields a natural sound, both in acute and chronic bronchitis; but there are important exceptions to this remark. *Dullness* frequently occurs at the posterior base of the lungs, and is often so considerable as to simulate pneumonitis or pleuritic effusion. It is, at the same time, accompanied by the usual concomitant respiratory sounds—more or less suppression of the respiratory murmur, and the substitution of bronchial or diffused blowing sound. The condensation of lung may arise from engorgement, dilated tubes (causing condensation of the surrounding structures) or obliteration of the air-cells. Probably the most frequent cause of dullness in the chronic disease, is the permanent collapse and final obliteration of the vesicles. There may be, also, some degree of *retraction* of the walls of the chest when this condition exists, somewhat similar in appearance to the depression following pleurisy.

But while percussion elicits a dull sound posteriorly, it often happens that in the same case, preternatural *clearness* is manifested *anteriorly*. This arises from the supplemental action which one portion takes on when another becomes obstructed. Thus when the posterior lobes become partially obstructed, the anterior portions perform increased labor, and the cells become expanded; and this may extend to a morbid degree, constituting vesicular emphysema.

It is obvious, therefore, that opposite results may be produced, in the same case, by percussion—the percussion sound being dull at one point, and abnormally clear at another; and these sounds represent, respectively, condensation and dilatation.

2. *Auscultation.*—Let us now inquire into the special modification of the respiratory sounds in chronic bronchitis. When the lung becomes *condensed*, as evinced by dullness on percussion, the respiratory murmur assumes more or less of the *bronchial* type; it exhibits, therefore, either the character of diffused blowing, or of distinct tubular sound, or, again, of mere *harshness*—the latter indicating a less degree of obstruction. A dilated bronchial tube may give rise to *cavernous* respiration and rhonchus, closely simulating what is heard in tuberculous caverns. When the tubes become completely obstructed, as occasionally happens, the respiratory murmur is entirely suppressed in the corresponding part. This may be temporary or permanent, according as the obstruction is moveable or otherwise.

Another modification of the respiratory sound exists in that portion of the lung which yields a preternaturally clear percussion sound. Widely different sounds, however, are heard in an expanded lung; thus if the dilatation is only an *exaggeration* of the healthy structure (having stopped short of *emphysema*), we will witness merely *purerile* respiration—that is an unusually developed respiratory murmur. But if the dilatation has passed beyond mere exaggeration, and actual emphysema exist, then the respiratory murmur is *weak*, with prolonged expiration.

Thus it will be perceived that chronic bronchitis is accompanied by many different physical signs, arising from an equal number of pathological changes, each of which is entitled to our most careful study.

Inspection of the chest, in uncomplicated cases, reveals regular and equable expansion and contraction, with a natural contour; but there are two deviations from the natural state, arising from opposite conditions of the lungs, which often present very marked results. I refer to *depression*, as one change, which corresponds to pulmonary *collapse*; or, in other examples, a degree of *expansion*, resulting from an emphysematous state of the lung. The depressions more commonly occupy the lateral portions of the chest, whilst the bulging is most evident in the anterior parietes. The movements of the parts corresponding to either depression or expansion, become comparatively limited; in the former condition the motion is curtailed in consequence of the incomplete dilatation of the air cells; while in the former, the pulmonic structure is already expanded to a preternatural degree, so that the motion becomes extremely small.

Other deformities worthy of note occur both in acute and chronic bronchitis, namely, depression of the ribs, and some degree of *projection* of the sternum, altogether unlike those changes already mentioned. The changes now referred to, occur more especially in children, or in persons in whom the cartilaginous portion of the ribs is still very yielding, so that the elasticity of the parts is insufficient to maintain the usual form of the chest when anything approaching a vacuum is formed. This vacuum *may* be formed under certain circumstances; thus, in cases of *atelectasis pulmonum*, or closure of the cells, (either existing at birth or occurring subsequently) deformity will occcur, differing in character with the circumstances of the case. If (as pointed out by Dr. Geo. A. Rees, of London) the closure result from bronchitic obstruction, oc-

curring in a ricketty child, there will be *lateral* depression or yielding, and *anterior* projection. If, however, there be no ricketty diathesis, the yielding will take place at the cartilaginous portion of the ribs, in consequence of the extraordinary descent of the diaphragm inducing an *inward* tendency of the ribs; and the result will be the formation of the grooves running parallel with the sternum, together with some degree of anterior curvature of the spine. As before stated, these latter changes usually begin in childhood, but they may occur at later periods, and in the former class of cases the deformity becomes permanent and is therefore a concomitant of adult age.

Palpation, or the application of the hands, may detect vibration of the thoracic walls, when the ronchi are very fully developed; otherwise, no unnatural sensation is perceived by the touch.

Pathology.—The *pathological anatomy* of chronic bronchitis, may be referred to increased vascularity, hypertrophy of the mucous membrane, glands and sub-mucous areolar tissue, ulceration, alteration of the fibrous structure, dilatation of the bronchi and cells, and atelectasis or closure of the air vesicles.

The increased vascularity of the mucous membrane, is evinced by the enlarged capillaries, undue redness, and the usual changes depending on altered nutrition. The redness accompanying chronic bronchitis is of a darker aspect than that of the acute variety; it varies from a purplish or livid hue to a deep brown, becoming darker, as a general rule, as the disease is of longer duration. The extent of redness will be proportioned to the surface involved in the morbid action, hence it may be general or partial; and in either form, it may be speckeled, streaky, diffused, or in patches. The redness, in severer cases, is most intense in the smaller tubes, corresponding to the parts most actively engaged in morbid action.

It is a remarkable fact, however, that the mucous membrane is, at times, entirely free from preternatural redness, and may be even unnaturally pale. This peculiarity has already been referred to while treating of the acute disease, and as it is produced by the same causes in the chronic form, it is not necessary to repeat what was then stated. It is worthy of remark, that *mere* redness is not always a sufficient evidence of inflammation. In the larger tubes, it does arise from actual disease; but in the smaller bronchi, it is well known that redness may depend on mechanical engorgement, or post-mortem hyperæmia. We will usually be able to correct our opinion by observing whether other signs, such as thickening, co-

exist, or we may draw strong corroborative if not conclusive evidence from the *history* of the case; but as a general rule, mere redness of the minute bronchi, independent of any other lesion, is not a conclusive evidence of pre-existing disease.

A more important change in chronic bronchitis is *thickening* or hypertrophy of the mucous membrane, and also of the muciperous glands. It is well known that in long continued irritation of mucous membranes, the part takes on increased nutrition, and the whole becomes more or less thickened or hypertrophied. *Acute* inflammation of any mucous membrane, frequently induces *softening* of the tissue or diminished nutrition; but in chronic disease, the reverse is more commonly, and perhaps we might say, invariably true; indeed, one of the most frequent and characteristic lesions in chronic bronchitis, is hypertrophy of the mucous membrane. It may be stated as a general rule, however, that there is no actual change of structure, or adventitious deposit in the tissue, so that the alteration which occurs is a mere increase of the ordinary anatomical elements. But it must be remembered that there are exceptions to this rule, and those, too, of a very important character; thus, the membrane may not only be *thickened*, but its structure actually changed, or converted into a tissue quite different from the common mucous membrane. The membrane when altered in structure, may become rough, mammillated, or villous like the intestinal surface, and this exaggeration at times becomes so great that distinct tumors, (such as the cauliflower excresence) may be formed. These tumors, however, are more common and distinct in the upper portions of the air-passages, and are concomitant with chronic laryngitis.

It is believed by Hasse that the epithelial cells may partake of the hypertrophous change, and thus impart to the surface a finely granular texture; but this may admit of doubt, for the constant change, or process of *shedding*, which these cells undergo, would seem to forbid the idea that they remain in situ long enough to become materially thickened. If they do become so much hypertrophied as to render the surface granular, it is clear they must remain permanently fixed to the part. It is quite evident, however, that the *principal* thickening occurs in the basement membrane, leaving the cells unchanged, or modified only by the condition of the tissue on which they rest; or, at most, a few clusters of cells become permanently hypertrophied, exhibiting either a granular surface or more distinct excresences.

The thickening of the mucous membrane, whatever may be its exact character, may be general or partial, corresponding to the surface involved in the disease. If the inflammation be regularly diffused over the bronchial surfaces, the thickening will be correspondingly general; but, as often happens, the morbid action may be more limited (that is confined to comparitively small points, as evinced by redness in *patches*) the hypertrophy will be exhibited in isolated spots or patches, while the intervening membrane may retain its healthful condition.

Hypertrophy of the mucous follicles is a common result of chronic bronchitis; it is, however, more frequently met with in the larynx, trachea and larger bronchi. When the glands become thus enlarged, they are somewhat hardened, of a greyish color, exhibiting the dilated duct occupying the centre. They impart to the mucous membrane a rough or granulated appearance, being at times, and in some parts, quite prominent.

The *cellular* tissue is, also, the subject of hypertrophy; it occasionally becomes indurated and even scirrhous. The degree of thickening varies with the duration of the case: in some examples it is so great as to encroach on the calibre of the tube and thus cause great impediment to the free admission of air.

Ulceration of the mucous membrane of the bronchia, is occasionally, though not frequently, witnessed; and when that condition does occur, it is usually limited to the larger tubes. The larynx and trachea are often affected with ulceration, but the frequency of this occurrence diminishes in proportion as the tubes are reduced in size.

The fibrous structure, and the cartilages are liable to certain changes; the former to hypertrophy, and the latter to dilatation; but as I shall speak of bronchial dilatation at another time, it will not be particularly mentioned in this connection.

In addition to the various alterations of structure already mentioned as occurring within the *tubes*, it is important to notice others connected with the substance of the lungs, or the air-cells. It was stated while discussing acute bronchitis, that the bronchial tubes may become obstructed, and as a consequence, the corresponding portion of lung is deprived of air and collapses. This subject might have been greatly extended; but as it has a necessary connection with both the chronic and acute forms of the disease, I preferred to de-

scribe *collapse* of the lungs in this connection, to avoid repetition; what will now be stated, however, will apply to a considerable extent to both forms of the disease.

The condition to which I particularly allude, *is collapse of the air-cells*, more or less extensively, as a result of *bronchial obstruction*, without any actual deposit, or even disease, in the cells which thus collapse. The physical cause which produces this obstruction is, in a general way, plugs of mucus, or even plastic material, which so completely fill the bronchial tubes as to prevent the ingress of air, and therefore the cells collapse. This state is similar, in pathology, to the *atelectasis* of new born infants; that is, the condition of the cells is that of mere collapse, without any deposit, or change of structure. And here we find an obvious and important distinction between *lobular pneumonitis* and atelectasis; in the former, there is inflammation, effusion of lymph, and even hepatization, or obliteration of the cells. *Inflation*, therefore, is impossible in obliteration of the cells resulting from inflammation; whereas, mere *collapse*, without adventitious deposits, still admits of artificial inflation of the cells.

We must bear in mind, however, that parts which become collapsed are apt to manifest a tendency to increase of vascularity, and even of inflammation; hence, the parts which have undergone this change, may become really consolidated, and even the seat of purulent collections. And it becomes a question worthy of serious consideration, whether lobular pneumitis, which is met with in bronchitis, does not, in many instances, owe its origin first to collapse, and secondly to the development of inflammation. There is at least one fact of importance in this connection, namely, that lobular pneumonitis is most common in children, and it is in the same class of patients that we most frequently meet with vesicular collapse. This connection is too obvious to be overlooked, and, in my opinion, throws light on these affections. Of course I readily admit that lobular pneumonitis often occurs independent of collapse, and my only object is to state another mode in which the same condition may be induced.

The collapse which occurs in the manner just described, varies greatly in extent; it may be *diffused* or *lobular*. The extent of the collapse will evidently be modified by the location of the obstruction; thus, if the impediment exist in a large tube, which commands a great extent of air-cells, the collapse must be correspondingly diffused; but on the contrary, if the part involved be only a small tube, a few cells only will

collapse. If the extent of collapse be very great, the life of the patient is in immediate danger, or he may be suddenly destroyed; but when the obstruction is more limited, the disease is not necessarily fatal, although the cells may be permanently obliterated. In some examples the collapse is temporary, the cells becoming again distended when the cause of obstruction is removed; but in other cases, the change is permanent, the air-vesicles having been destroyed either by simple adhesion or the deposit of plastic material.

It may be well to add, by way of precaution, that pulmonary collapse is more frequent in children than adults, although it is probably more common in the latter than is generally supposed.

Causes.—Chronic bonchitis is most generally the sequel of the acute variety; it may, however, originate independent of any other affection, and is, therefore, strictly idiopathic. Imperfectly cured, or repeatedly recurring acute bronchitis, is very liable to terminate in chronic inflammation, in which condition the disease may be perpetuated for an indefinite period. But chronic bronchitis also originates from the common causes which produce the acute disease, such as exposure to a cold, and variable atmosphere, the exanthema, and other agents capable of exciting irritation of the air-passages. Derangement of the stomach and digestive organs may be mentioned as an insidious, but not uncommon cause of bronchial irritation; in such examples, the cough is at first purely sympathetic, but finally the disease is firmly fixed in the sympathizing part. The extremes of life—infancy and old age—seem peculiarly prone to sympathetic cough; in some instances the pulmonic irritation remains inconsiderable, but in others the secondary disease finally becomes the principal malady. Constitutional syphilis, also, at times involves the bronchial membranes; but this cause is not very common—*laryngitis* being the more usual result when syphilis attacks the air-passages. Certain artizans are peculiarly liable to chronic affections of the bronchi; thus, those who habitually inhale dust, or irritating substances, are often affected with this disease. Stone cutters, needle pointers, porcelain powder manufacturers, various machinists, inhalation of dust on McAdamized roads—and all those who are compelled to breathe an atmosphere loaded with irritating substances—are liable to chronic diseases of the air-passages.

Duration.—The duration of chronic bronchitis is altogether indefinite; it may last, indeed, an ordinary life time,

producing only slight interruptions of health and occupation. But when the disease is extensive and fully developed, the organic changes interfere so materially with the proper performance of the respiratory function, that, within a few months or years, as the case may be, the patient, if not relieved, progressively emaciates and weakens, and finally sinks.

Prognosis.—As a general rule, the prognosis will be favorable or otherwise according as the affection is simple or complicated. When it is the sequel of an acute attack, and occurs, in a constitution otherwise healthy, the prognosis is favorable; such examples are usually amenable to a judicious and perseveringly employed course of medication. But when the disease exists in a broken down constitution, or has continued until the vital powers give way, it is too often a fatal malady; and the danger may be pretty accurately estimated by the degree of dyspnœa, emaciation, and purulent expectoration, and failure of the general powers of the system. When it becomes complicated with organic affections, the result, if not always fatal, is, at least, eminently unfavorable.

The organic affections which render the prognosis unfavorable, are dilatation of the tubes, emphysema, pulmonary obstruction, tuberculous deposits, and diseases of the heart. The *duration* of the disease must be taken into the account while making up our prognosis; and we may conclude, as a general rule, that when bronchitis continues for one or two years, without much if any remissions, and especially if the dyspnœa regularly increase, we cannot expect to do more than *palliate* the worst symptoms—a radical *cure* being highly improbable.

Differential Diagnosis.—There are but two diseases with which we would be likely to confound chronic bronchitis—these are inflammation of the substance of the lungs and phthisis. In regard to the former, there is not, generally, much difficulty in making a differential diagnosis; yet there are a few signs and symptoms in common with the two diseases, which might perplex the inexperienced practitioner. It will be readily conceived that *chronic* bronchitis is not so liable to be confounded with pneumonia as the *acute* form; still there are cases in which some degree of resemblance may occur; and especially will it be found at times difficult to say at once whether the disease is simple bronchitis, with more than an ordinary degree of excitement, or whether it may not be a low grade of pneumonic inflammation. Thus, in some cases of bronchitis, the posterior bases of the lungs may exhibit

considerable of dullness, and some degree of bronchial respiration. Now this condition may be ascribed to pneumonitis or pleuritic effusion, whereas it depends on passive engorgement arising from the bronchial disease, accumulation of mucus, or at most from some degree of pulmonic collapse, as before mentioned. We may, however, distinguish this condition, with reasonable certainty, from pneumonitis, by the incompleteness of the tubular respiration, and the absence of accelerated respiratory movements, as compared with the pulsations of the heart; but above all, by the persistence of the ordinary signs of bronchitis, and the absence of those which characterize pneumonitis. The same dullness may be distinguished from *effusion*, by the continuance of *vocal vibration*. In pleuritic effusion it is absent; in bronchitis it is undiminished.

But the greatest difficulty in the differential diagnosis of this affection, is found in the marked similarity between its general and *local* symptoms and those of phthisis. There are, indeed, so many points of resemblance in certain cases, that the most careful observers will occasionally be much perplexed. Let us note the points of resemblance. Chronic bronchitis may be accompanied by emaciation, purulent sputa, hectic, night sweats, dullness on percussion, cavernous respiration and rhonchi, and even pectoriloquy—a combination of signs which might readily enough be received as evidence of phthisis. The *dullness* arises from dilatation of the bronchi and consequent condensation of the pulmonary tissue, or versicular collapse; and the caverous rhonchi and respiration depend on the expanded tubes assuming a globular form, thus securing the physical conditions requisite to produce the signs mentioned. And, it should be observed, the same conditions (dilation of the tubes and condensation of the parenchyma), may give rise to more or less bronchial resoance. Now, in order to distinguish between the two affections, we must carefully analyze these signs. The *dullness* belonging to phthisis occupies the *clavicular* region, extending *above* as well as *below* the clavicle itself; whereas, the dullness connected with bronchitis is generally lower—seldom, indeed, extending to the clavicle, perhaps never above it. So, too, of the signs of caverns; depending on dilated tubes, which occupy a position somewhat removed from the apex, these signs, unlike those arising from tuberculous excavations, occupy the lower part of the clavicular, or the mammary regions. It may be mentioned, also, that, in phthisis, the dullness *precedes* the signs of ca-

verns, while in dilated tubes it is the reverse; and, moreover, the cavernous signs are progressive in phthisis, but stationary in bronchitis. The constitutional symptoms, such as emaciation, hectic, and colliquative sweats, are all more marked in phthisis, than bronchitis. You may, likewise, draw important inferences from the general history of the case; thus, you will ascertain whether the patient has an hereditary predisposition to tubercle; and whether hemoptysis has occurred. Dr. Walsbe declares that he has never met with hemoptysis in bronchitis without the co-existence of either disease of the mitral valve of the heart, or the presence of tubercles. This statement may be somewhat too broad; but the exceptions are probably so few that we may regard the rule as reliable in most cases.

You will remark, however, that those signs of bronchitis which so closely simulate phthisis do not occur in every case, nor in a majority of them, but they exist only in those more extreme examples, in which dilatation of the tubes, parenchymatous condensation, with severe constitutional disturbances, occur. In the more simple cases, such signs are not observed.

I have only to add, in this connection, that you should remember the occasional complicatlon of the two diseases under consideration; and while you are striving to make out either bronchitis or tubercles, the difficulty and seeming blending of signs may arise from the presence of the two affections.

ART. II.—*Extirpation of the left half of the Inferior Maxilla, with the Submaxillary Gland and anterior lobe of the Parotid, for Malignant Osteo-Sarcomo.* BY JOHN G. F. HOLSTON, M. D. of Zanesville, (formerly of New Concord).

Thomas E. Fountain, (of Mt. Sterling) the subject of the present sketch, aged forty-five, of sanguine lymphatic temperament, had generally enjoyed good health till about nine months previous to the operation, when he began to suffer from toothache, for which a molar that had become loosened, was extracted without relief. The remaining molars and bicuspides on that side were successively loosened and extracted. In the mean time the jaw-bone enlarged, and a

stinking fungus, that rapidly filled the mouth, protruded from the socket. The soft parts external to the bone, became adherent to it and presented several large knobs, with the submaxillary gland, hardened and enlarged. Constant pain, allowing no rest night or day, except as procured by opium, harrassed the sufferer whose appetite also was destroyed by the disgusting fetor of the ichor, constantly discharged from the fungus that never ceased in its growth, and now (1st of December) threatened suffocation whenever the patient attempted the recumbent posture. Up to this time, he had been under the care of two physicians—who, however, did nothing for him, except the extraction of the teeth, and ordering a bread and milk poultice to bring the disease (as he expressed it), to a head! The first glance at the horrible disease revealed its malignant and hopeless character. Yet such were the sufferings of the patient from the constant feeling of suffocation, the agonizing pains and the acrid stinking discharge, that even *relief*, by an operation, rendered painless by chloroform, seemed a great and desirable object, against which the danger of death *by the operation* formed but a *very slight* offset. Under such circumstances, I resolved upon disarticulation of the jaw and removal of the submaxillary gland, and performed the operation on the 5th of December, as follows:

The patient who had not been allowed to take dinner, had a sheet wrapped around his body two or three times, so as to confine his arms. He was *seated* obliquely opposite the window, on a low chair, his head supported by an assistant. Chloroform was now administered, sufficient to lull all sense of pain, but yet not to render the patient perfectly insensible. For during the whole of the operation, he kept muttering incoherent prayers, alternating with a request of "a little more nourishment for the body" (meaning chloroform), though of all this, he remembered nothing afterwards. I first extracted the *right* lateral incisor; next the tumor was circumscribed, by an incision commencing at the zygomatic arch in front of the ear downward, and thence inward to the middle of the neck, a little above the level of the os hyoides; thence the incission passed perpendicularly up the chin, half way through the lower lip, thence upward and outward in a semi-circle, above the parotid duct, till it joined the first part of the cut, one and a half inches below its commencement. The lower incision divided the skin and platysma myoides, the facia, and the transverse facial and submental arteries; of which only

the facial required a ligature; pinching by the forceps sufficing for the rest. The superior semi-circle opened the cavity of the mouth, and in addition to the integuments, partly divided the masseter. To gain more room, the commissure of the lips was now divided, and the lower lip reflected to the sound side of the face. The perpendicular cut on the chin was now deepened to the bone, and a sharp pointed bistoury, passed through the mucous membrane of the mouth to meet it. With a Heys saw, a notch was made through the external plate of the bone, and its division completed by bone cutting forceps. The inferior horizontal part of the incision was now carried through to the cavity of the mouth, as far as the facial artery, which would require a second division, behind the enlarged submaxillary gland. Above, the greater part of the masseter muscle, as well as the anterior lobe of the parotid gland had to be sacrificed, both being evidently unsound. I now forcibly depressed the jaw, to get at the attachment of the temporal muscle, but the coronoid process separating from the body of the jaw, was drawn up behind the zygoma and a considerable delay occurred, before its muscular attachment could be brought under the edge of the knife, as the bone was almost entirely replaced by encephaloid substance and very soft. This done the jaw was still further depressed, and the articulation opened at its interior and anterior part. The condyloid process which appeared sound, was now easily dislocated; the posterior ligament was divided, and nothing remained but to detach the morbid mass, by a few rapid strokes of the scalpel, dividing the pterygoid muscles, and truncating the facial and inferior dental arteries. The internal maxillary was in-tact, but could be seen bare in the bottom of the wound; the external carotid also was seen pulsating violently. The facial and inferior dental arteries were all that required permanent ligatures, and not above a pint of blood was lost during the operation. The chloroform was now withdrawn, and the sheet removed, every thing seemed prosperous, when suddenly, the patient slipped down in the chair, his pulse became extinct, the breathing almost ceased, and his hands rapidly became cold. I had him laid on the floor, opened a window and applied cold effusions to the head, with friction to the extremities, and after half an hour he recovered sufficiently to have the wound dressed. Was this the effect of chloroform? Most likely, as he had lost but little blood and suffered no pain. The enormous gaping wound now presented a truly horrible aspect. Not a particle of integument could be saved, and it

appeared as if a fourth part of his head had been removed. The commissure of the lips was fastened by a pin, and the edges of the gap approximated to each other by stitches and and adhesive strips, a pledget of lint and a common roller completed the dressing. He passed a better night than previous to the operation, suffering only from thirst as he was utterly unable to swallow fluids or solids, until I contrived to have them pumped into the pharynx, by means of an injecting apparatus, connected with a flexible tube. The next day he was comparatively comfortable. There was no pain and very little reactionary fever. At the first dressing the labial commissure and about two inches under the ear had healed by first intention. Improvement now was rapid, he regained the power of masticating, and soon to all appearance was re-established in his former health and vigor. I saw him again about the 10th of April last. At that time speech and mastication were properly executed, and the whole enormous wound, was by cicatrization and contraction reduced to a fistulous opening, one inch in length by half an inch wide. He prevented the flow of saliva, by a pad covered with oiled silk, and a handkerchief tied around his jaw, covered every appearance of deformity. His ordinary business, as a potter had been for some time again performed, and he had entered upon the duties of a justice of the peace, to which office he had been lately elected. Nature seemed to make evenan effort to restore the lost bone, as a cartilaginous border united the end of the maxilla and the articulating cavity. Every thing went on well, till about the first of May, when after some exposure, he suddenly lost his appetite, his strength and spirits failed, and suddenly the whole line of cicatrization gave way, and the wound re-opened throughout its whole original extent. It were tedious and unprofitable to follow the case through its remaining phases. Enough, sloughing without the least effort at repair continued. His appetite and strength never rallied. The discharge was moderate, and kept free from fetor, by attention to cleanliness and chlorinated applications. He died about the middle of August from exhaustion, but without ever again suffering acute pain. He was well satisfied with the operation, having gained a respite of several months, during which to order his temporal and spiritual affairs. Relief from pain and suffocation and enthanasia at last, so that I do not regret the terrible expedient resorted to. I was assisted in the operation by Drs. Vandewert and Christy, of Mt. Sterling, Dr. Cunningham of Zanesville, and Dr. Spencer of Gratiot.

ART. III.—*Dysentery, as it prevailed in Morgan County, North Alabama*, 1849–'50. By Dr. W. B. WELCH.

A very malignant form of this disease has prevailed in this region during the last two summers; not unfrequently baffling the best directed efforts of the medical man. Even now (1st June, 1851), it has made its appearance in our midst, and is progressing with its usual malignity.

It differs from Dysenteria or Colitis, as we have it described in the books, in several particulars. The chill, or rigor which ordinarily precedes the internal phlegmasiæ, does not exist as one of the features of this epidemic; and notwithstanding inflammation of the mucous coat of the bowels exists to an alarming extent, its declarative symptoms in the first period, at least, are not very manifest. Commonly, in its onset, it has nothing of the appearance of a serious malady. A loss of appetite, bad taste in the mouth, a general feeling of depression, with an increase in the number and fluidity of the alvine dejections, may be the only disability under which the individual labors for a day or two. This may pass away without more serious symptoms presenting themselves; but usually, the evacuations begin to be mixed with blood, great tormina and tenesmus exist, there is vomiting of a greenish matter, the pulse becomes frequent and small, the abdomen appears flattened and inelastic. The stools become to be composed principally of blood, and are ejected with much force from the bowels, though, if calomel has been given, they appear green, streaked with blood, and of a gelatinous consistence. The countenance of the patient has a stolid and indifferent look; he seldom complains of pain unless forcible pressure be made upon the abdomen. Sometimes the disease at this period puts on a more favorable appearance; the discharges become less frequent and bloody, tormina and tenesmus abate, the pulse begins to approach a more natural standard, the countenance loses the sullen and apathetic appearance which it bore, and convalescence, though tardy, is established.

Too frequently the malady continues unabated, the tongue becomes coated with a brown fur, or is pointed and has the appearance of raw beef, the gums are coated with fetid sores, the lips are dry, chapped and bleeding, the abdominal aorta may be seen to jar the bedclothes in its pulsation, the abdomen becomes tympanitic; there is gurgling on pressure in the right iliac region, the discharges become involuntary, the

ent sinks into a low muttering delirium, there is hiccup osultus tendinum, &c., and death closes the scene.

The disease usually terminates in from one to three weeks. In the more protracted cases, unmistakable evidences of ulceration of the bowels exist. The course of the malady as has been described, is not true for every case. A case may occasionally occur, which is so violent that the patient succumbs in two or three days.

From the fact that the members of a family in which the disease has a hold, are all, or very nearly all of those attacked by it, the impression has obtained among the people that it is contagious. This is explicable though, on other and more satisfactory principles, all of them being brought under the same atmospheric and dietetic influences,—the same external and internal causes operating on all alike, might be expected to produce similar effects.

A form of dysentery similar to the one described, is mentioned by authors as prevailing where numbers of persons are crowded together, as in armies, prisons, ships of war, barracks, &c., but this epidemic visitation is as fatal in the sparsely populated and elevated regions of our country, as where the population is denser, nearer the river. Those regions which before had been proverbial for their salubrity, have been equally subjected to its effects with those in which intermittent and remittent fevers were prevalent. Both the young and old are attacked by it, but it is most fatal among children.

The treatment employed has not differed essentially from that usually practiced in intestinal inflammations, only so far as venesection is concerned. Patients were not thought to bear venesection well, and therefore the joint depletive and revellent effect of cups was used in its stead, with warm poultices to the bowels. The internal remedies consisted of calomel, opium and acetas plumbi, variously combined. It is thought to be something gained provided the constitutional effect of the mercurial can be brought about; to hasten this, blistered surfaces are dressed with ung. hydrar. From my own observation, I should say that most patients in whom ptyalism has been induced recover, but whether it be a *post hoc* or a *propter hoc*, I cannot say. In the latter stages, the usual appliances, i. e. carb. ammonia, wine, &c., are used, but too often unsuccessfully. A patient when convalescent from the disease, is very apt to relapse, from errors in diet; it is perhaps unnecessary to say, that this should be strictly attended to.

ART. IV.—*Psora treated with the Sulphate of Potash Shirt.* By G. P. HACHENBERG, M. D. of Springfield, O.

Patients frequently manifest strong objections to the ordinary remedies used in the treatment of psora. The repugnance on the part of the patients first induced me to direct my attention to a different mode of cure; which, upon trial, I find to answer the purpose very well. The remedy consists in wearing next to the skin for a number of days a shirt, previously immersed in a hot saturated solution of the sulphate of potash, and dried before using. I have had an opportunity of testing the efficiency of this mode of treatment upon several psoric patients, and with success in every case. I have also prescribed the same remedy, as an adjuvant in other cutaneous diseases, with benefit. One of the patients whom I treated in this manner, for psora, declared to me the "rough shirt and stiff stockings, not only cured the itch, but also relieved him of the rheumatism from which he had suffered." I have no doubt that in a measure, his observation was correct; and the hint might probably be turned to advantage. I am inclined to think that a remedial application to the skin, in the manner above stated, may be serviceable; particularly as far as its chemical and excitant effects are concerned. It is sometimes desirable to excite a protracted action of the skin, when the existence of other unfavorable circumstances deters the physician from prescribing such effective agents internally; while at the same time an external application of the above kind, would be attended with entire safety.

How would the sulphate of potash shirt, or some like application, do as a prophylaxis for some diseases, as cholera, &c. both from its chemical and irritant effect on the skin?

ART. V.—*On the use of Corrosive Sublimate in Acute and Chronic Diseases in the Strumous Diathesis.* By L. D. SHEETS, M. D. of North Liberty, Adams Co. Ohio.

I do not deem it necessary to point out the symptoms of the peculiar diathesis, in which I used the proposed remedy. A person accustomed to see such patients can almost tell at a glance, this diathesis, from the appearance of the patient, or from the character of the disease under which he is laboring. I would, however, say, we will often be misled, if we look for it to be always associated with the *blue eye, light hair, soft fair skin*, &c. of the old writers.

The hydrar. chlor. corros. has long since been recommended in the treatment of struma, by Sir A. Cooper, and since, by his pupil, our distinguished countryman, Prof. Mott. I was taught its use by Prof. M., whom I have seen prescribe it again and again, in the cliniques of the "University of New York." Since I have been in practice, I have never failed to use it, in diseases where I discovered the strumous diathesis to obtain, and always with success. I have used it in patients affected with scrofulous ulcers, conjunctivitis, discharges from the ear, eczema, porrigo, and other eruptions about the head and face, diseases of the joints, &c. It must be remembered, however, that this is not the only agent to be used in these cases, (suitable adjuvants in each disease being necessary) it being only the *alterative*. A case of *otorrhœa* was treated by another physician, a number of weeks with injections, without any improvement; the patient was afterwards brought to me, still laboring under a continual and offensive discharge, the acridity of which caused very painful excoriations on a considerable portion of the external ear. I ordered this remedy in tr. cinch. comp. with a suitable injection, and ointment; and in about a fortnight the discharges had ceased, and the ear was quite well, and remained so as long as the patient was under my notice, which was some three months.

Another case, in which there was an ill-conditioned ulcer over the palmar surface of the carpus, and in close proximity to the distal extremity of the ulna, with considerable tumefaction over the dorsal surface of the carpus, and which extended over a great portion of the internal lateral half of the metacarpus.

The disease had originated, from a sprain, about a year prior to the commencement of my treatment. The extremity of the ulna had now become implicated, which rendered the cure much more tedious. The ulceration and swelling had so interfered with the functions of the flexor and extensor tendons, that the use of the hand was lost. He was put upon the hydrar. chlor. cor. which was occasionally *alternated* with the potass. iod. which course we find very useful in chronic cases, when the system becomes so accustomed to the remedy that it no longer produces the same beneficial effects, until it has been suspended for a time and then recommenced. An issue was made over the deltoid, near its insertion, and close to the external edge of the biceps flexor cubiti. Tr. iodine was used to discuss the swelling, and the

yellow wash was applied to the ulcer. This treatment was continued some five months, when he regained a sufficient use of his hand to work at his trade (shoemaker), which though detrimental to the further progress of cure, he could not well avoid. In about eight months the tumor had disappeared, the head of the ulna was nearly normal in size, and the ulcer was almost completely cicatrized; at this period by a removal, I lost sight of him.

I always combine the tonic influence of tr. cinch. with the mercury. Dr. Mott often prescribes it in sarsaparilla syrup; but according to the U. S. dispensatory this syrup converts the *corrosive chloride* into the *mild chloride*, for which reason I never use them together. It is essentially necessary that the mercury be first dissolved in alcohol, so that there is no danger of the last doses in the phial being poisonous. For adults I prescribe it according to the following formula:

℞.—Hydrar. chlor. corros. gr. ij.
Alcohol, q. s.
Solve et adde,
Tr. cinch. ʒij.
Dose, a teaspoonful, ter die.

For children, I used the tr. cinch. comp. as it is more agreeable to the taste.

ART. VI.—*Remarks upon Cholera, its Pathology and Treatment.* By G. SPRAGUE, M. D. Tiffin City, Ohio.

That much has been written upon *cholera*, is known to all. The suddenness of its onset, its alarming fatality, and the diversity of views among medical men, concerning its pathology and proper treatment, and the universally bad success of the latter, has by common consent, rendered cholera, "lawful game," for the pen of all such as have endeavored to settle the question as to its *cause*, the *modus operandi* of this upon the human organism, and the resulting *pathology*, and a plan of *treatment*, which shall promise, at least a "reasonable" degree of *certain* success in its use.

And while much has been written of a *practical* nature, based upon post mortem and clinical research, having a view to the better appreciation of the cause, or causes of cholera, and a more perfect knowledge of its pathology, and the institution of a more rational mode of treatment; still, the larger

share, by far, has only tended to more completely mystify the subject in the mind of the young practitioner, and render the treatment of those of maturer experience, vacillating and un satisfactory.

The medical profession can now safely sing the requiem, to nearly all the *presumed* specifics, which have been trumpeted before the public for use in cholera, since first it made its appearance among men. And commensurate to the high tone of public expectation and blindfolded and misguided hope, which ushered in the small doses of sulphur and charcoal, one of the supremest humbugs ever palmed upon a cholera scourged community, having no shadow of therapeutic consistency to recommend it, and bearing no conceivable relation to the pathology of cholera, or its like. We say commensurate (on the opposite extreme), with this high tone of expectation, let it be bowed out of the remembrance of medical men. It is not presumed, in the present instance, to *settle* the question as to what cholera is, neither to propose a *specific* for its *cure*. But as before suggested, the mystery which has always enshrouded our perceptions of the disease, its cause and nature, has placed it legitimately before medical men for free discussion.

Rational medical philosophy, according to our view, consists in a minute appreciation of the pathology of disease, and the legitimate modus operandi of therapeutic remedies. No man can accomplish a higher achievement in medicine, than to bring down to his own clear and intelligible comprehension, the greatest number of the minute facts of physiology and pathology,—in other words, to strip *apparent* obscurity of its mystery,—disease is thus "simplified," and in the same ratio of this, is medicine proved to be *a certain science*.

Of the remote, or specific cause of cholera, we are yet uninformed; but we are led to infer the existence of such a poison, by its effects upon the human system. We are also led to infer its local origin and existence in many cases. From the earliest existence of cholera, it has been observed to break out in particular localities, confined in many cases to a small space, with a definite and distinct boundary. And while prevailing in full force in one locality, it is observed to break out in another within the bounds of the same city or district, with an entirely dissimilar degree of mortality. Showing, that notwithstanding the poison is specific in its general nature; still, the degree of its virulence is governed by the local cause from whence it took its origin.

We are strongly inclined to give preference to the theory of the fungus origin of cholera, and the same of malarious fevers. It was supposed by Sydenham to be peculiar to the month of August, and it is held by authors to the present day, that the cause of cholera, and malarious fevers, are no doubt identical. Cholera is known to prove rapidly fatal among the poorer classes, residing in damp and filthy locations in the larger cities, and especially so with those living in cellars. The varieties of fungi are known to be numerous, and is it irrational to suppose, that with the first appearance of cholera, a new species may have been added to the list? Certain it is, that the local causes which favor the formation of fungi, are identical with those which are known to go hand in hand with cholera. And in no other way can we so readily account for its being transported to great distances across sea or land, in clothing packed in trunks, and other similar ways. These facts prove it to be, not a *gaseous substance*, or *small space of tainted air*—but a *material something*—capable of attaching itself to clothing or other substance, and again of being detached upon unpacking, or disturbing these—of floating and attaching itself to other substances, or being imbibed by the human system, there to take root and reproduce, working sad havoc with nearly all who are exposed to its influence.

There is a district near the centre of our corporation, which was formerly a wet, swampy piece of ground, although having been built upon, and (with poor success), cultivated for nearly thirty years past, still shows distinct traces of its original character. Several of the dwellings upon this ground are built where cellars could not well be dug, on account of the wet, and some of these houses are very improperly built near the ground. Two milliners resided in these houses during last spring, who report that bonnets stiffened and pressed, and allowed to lay in the lower rooms over night in damp weather, became mildewed and softened by morning. Several of these families report that upon removing the carpets, mildew (fungi), is universally found covering the under surface of the carpets. And one female, who afterwards died of cholera, reported that it was not unusual to find fungi upon the bed clothes, after leaving the room closed for a few days, in a wet time.

About the 20th of July last, the writer was called into one of these families, at one o'clock in the morning, to prescribe for a boy of some eight years. On the evening previous he was in good health, ate somewhat freely of new potatoes at

supper. He was attacked about an hour before our arrrival with vomiting and purging. Alvine evacuations were copious, watery, and light colored. Had had three evacuations before our arrival—no further disposition to go to stool—collapse complete, having no perceptible pulsation at the wrist, or of the carotids. The free use of sinipisms to the extremities and epigastrium, and stimulants administered internally in unusual quantities, made no perceptible impression on the system. He died before morning. About forty-eight hours after, another child in the same family, was attacked in a similar manner, which attack also terminated fatally in about the same period. Immediately following these two other cases occurred, within three or four rods of the other two, which terminated rapidly fatal, notwithstanding the prompt use of the strychnine, and other means dictated by the violence of the attacks. The fifth case followed close upon the former. This occurred several rods from the others, at the point where this wet ground formerly had its outlet. This also terminated fatally. These five cases were the first, and occurred within about as many days. All put on about the same general features, running into a complete collapse almost with the first discharge. Three of the attacks came on about midnight, and proved fatal, either before morning or soon after. The other two run their course in a few hours. Preceding these attacks there had been rain, rendering the locality above named very wet, accompanied by an unusual abundance of electricity in the atmosphere, rendering it oppressive and prostrating to those in health.

During the existence of these cases, there were no others in the corporation, but a very manifest tendency to an irritable state of the bowels, accompanied by an uneasy sensation, with rumbling, &c. demonstrating the presence of a specific poison, pervading the entire town, and only requiring a few nights lodging over a wet cellar, or a location similar to that above described, to develope the required amount of fungi, (if such it be), to successfully compete with innate vital resistance.

Every case partaking of cholera, either in its full force, or in its premonitories, that came under our care, was very manifestly accompanied by an engorged condition and torpid action of the liver, giving emission, when aroused by alteratives, to small vitiated discharges, of a peculiar tarry and tenacious character; such as we have not been accustomed to meet with in the customary derangements of that organ, in

several years observation among diseases of malarious locations in the west.

The general disposition to irritable bowels, continued for several weeks, in many cases easily subdued by a little medication. But scattering cases of cholera continued to break out, and proved fatal in a number of cases, when this irritable condition, and torpid liver was disregarded, and errors in diet indulged in. Those cases proving obstinate or fatal, were generally in the dampest locations in the corporation, and the only exceptions to this, in our present recollection, were very evidently originated by unwonted exposure, intemperance, or gross errors in diet. The few cases of irritable bowels, occurring in the more elevated and dry locations, were universally accompanied by less disturbance of the circulation, and of the functions of the liver, than those in the vicinity of the river (the Sandusky), or other locations less elevated and dry. Dr. Dresbach informs us, that the first case of cholera which occurred at the time of its prevalence here in 1834, made its appearance in the immediate vicinity of a ravine, in a low part of the town, (since mostly filled up and built upon), and that other cases following this, some sixty of which proved fatal, were confined almost entirely to the river region, and to the vicinity of rock creek (which passes through the town), and which, to this day, gives origin to not a few torpid livers, and masked intermittents. We enjoyed something of a cessation from cholera and its like, after the subsidence of the first onset, until a few weeks since, when the report was again circulated, that cholera had made its appearance on one of the back streets. Some seven or eight cases occurred in rapid succession of confirmed cholera, and many others in the same locality were more or less affected by an irritable condition of the bowels, and a suppression of the normal discharge from the liver. Six of the above cases proved rapidly fatal. They made their appearance soon after a rain of several days continuance, four of which originated in one house, having a shallow cellar under it, with water and filth floating upon the bottom. We made an examination of this cellar, while the third fatal case still lay in the room directly over it. And although remaining less than one minute, we felt a sensible oppression upon the lungs for several seconds after coming out. The wife of the occupant of this house was first attacked, and died after a few hours illness. Next a little girl (a daughter). In the mean time another child (a boy), was removed to another part of

the town, was there attacked, brought back and died. The fourth case was that of a girl living in the family, who feeling unwell, was removed to one of the neighbors, there had cholera and died. The other two of the six fatal cases occurred on the opposite side of the street, from the latter. The houses in which these cases occurred, are situated in a low wet part of the street, at the foot of a rise of ground, and a mud hole graces this part of the street, nearly the year round. A log house directly opposite the first named, has no cellar, but water stands under the floor nearly the entire year. Three out of four of the occupants of this house, were affected with irritation of the mucus lining of the bowels, rumbling, and frequent discharges, with suppression of biliary discharge.

Some of the above cases were treated by strychnine, (as we are informed by the attending physician), with a free use of dry heat externally, and in some cases internal stimulants were used. The seventh case occurred several rods down the street. This patient recovered.

A remarkable case, giving an example of the malarious origin of cholera, occurred at a school at Clapham, in August 1829. A very foul drain, or cess pool, was opened and its contents were thrown into a garden adjoining the school. A day or two afterwards a boy was attacked with cholera, and in two days more, twenty out of a total of thirty, had the disease. It was held by high medical authority, that these cases were undoubtedly produced by the emptying of this drain.

The circumstances under which cholera prevailed in this place in 1834–'49 and '51, together with all past history of the disease, favors the supposition, that the production of the specific poison, which causes cholera, is dependant, to a greater or less extent upon the same cause which engenders dysentery, and the same also which produces the specific cause of malarious fevers, excepting the heat required for the latter. The elements which breed cholera, seem to engender for its medium, a peculiar poison (be it fungi or not), which is developed suddenly, comes to maturity in favorable locations rapidly, runs a brief career, exhausting the elements which produce and sustain it, leaving those localities apparently exempt, until the same causes again combine to give birth to the same product.

The question next arises, *what is cholera?* When we are asked what pneumonia is, we reply, it is inflammation of the texture of the lungs, this having been induced by a turged

state of the minute blood vessels of the part. In other words, conjestion. Were we asked as to the cause of a copious flow of tears from the eye, we would say, temporary turgesence of its minute vessels, from the application of perhaps a local stimulant. And if asked the cause of the flow of serum from a blistered surface, we would reply, the application of a specific poison, producing turgesence or congestion of the vessels of the skin, and an effusion of serum under the cuticle.

The pathology of dysentery is not difficult to comprehend; an inflammation of the mucus lining of the lower portion of the intestinal tube, through the agency of a specific, yet unknown poison, which first produces congestion of the part, followed by the dysentery inflammation, giving off its peculiar copious secretion. We know as much of the quality and nature of that poison, which will engender dysentery (and not pleurisy or pneumonia), as we do of the cause of cholera and no more.

Cholera, according to our appreciation of the disease, is primarily, conjestion of the liver, and mucous membrane of the stomach and small intestines, producing engorgement and torpor of the liver, and effusion of serum into the intestinal canal.

Authorities tell us, that the appearances on dissection, in those cases that have lingered for some time, are as follows, in the majority of cases. The mucus lining of the upper portion of the intestinal tube, is found strongly injected. In the head are found marks of congestion, and even sometimes extravasation. The lungs are sometimes in a natural state, the more frequently gorged with dark colored blood. In the abdomen, the vessels of the liver are often much congested, and pour forth copiously of dark blood when incised by the scalpel. The gall bladder is turged with black bile, and its ducts are sometimes constricted and impermeable. That portion of the periteneum, investing the bowels, often presents the appearance of inflammation, from the extremely loaded state of the blood vessels. The mucous lining in many cases, is softened and broken down, from the violent rush of blood into its minute vessels. The blood leaves the external surface, causing the skin to be corrugated and shrunk. Cases of death have occurred from cholera, where no discharge from the bowels had occurred, and we think these go to support the opinion, that the disease is primarily one of conjestion.

We suppose that no case of cholera ever proved fatal (except through its sequella), without a collapse, and no death

ever occurred from collapse, there being at the same time, a free distribution of blood to the surface.

We conceive that there is a condition present, in nearly every attack of disease, which constitutes the main spring, to an intelligible appreciation of its pathology. And until we have *sifted* and cleared to our mind, the pathology of a given case; our *treatment* must necessarily be arbitrary and *empirical*,—liable to be changed with every change of the mind. Our views are *not* the offspring of rational deduction, but are the mere *catchings after*, and *hangings* on of every new fangled theory, whether having any connection with the rational theory of disease, and legitimate therapeutics or not. The condition referred to, is this, the recession of blood from the surface or extremities, to some other part or parts of the system, its direction being governed by predisposition, from previous disease, or congenital defect,—or from the application of a specific poison, as in the case of certain skin diseases, miasmatic fevers, cholica, pictonum, epidemic erysipelas, *and cholera.*

It is said by some authorities, that cholera presents morbid appearances, in so many organs, and that too, in so variable a manner, that it is difficult to arrive at a definite opinion as to what *the disease really is.* The same might with equal propriety, be said of any disease, having for its victims, so large a surface, including so great a number of the internal viscera. And the powerful determination of blood upon the internal organs, which occurs in a severe attack of cholera, must, *in the very nature of things*, leave a variety of morbid appearances, to be developed by post mortem examinations, owing to the very variable degrees of vital resistance, in the vital organs of different subjects, and these superinduced by the influences before named, viz., predisposition from former disease, or congenital peculiarity or defect.

If cholera is what we claim it to be, then the treatment demanded is simple. In hemorrhage from the uterus, or other part, (which arises from turgesence or congestion), we invite the blood to other parts, at the same time endeavoring to constringe the relaxed vessels by local applications. So in in cholera. The loss of balance in the circulation, is *the primary* feature, and the effusion of the thinner portions of the blood into the cavity of the bowels, is the *only* mode by which nature can relieve this heavy crowd of the vital fluid, upon a delicate mucous membrane, while the system is under the prostrating influence of a powerful specific poison.

And if the glanglionic, spinal, or other portions of the nervous system, takes on morbid action, so far from admitting this to be *primary*, we conceive it to come from the *same* cause, which in the bowels causes the effusion; but here results is stimulation of the nervous centres, giving origin to the *cramps*, generally present during the more *apparent* congestive stage.

Then, if these views are correct, the treatment must conconsist (not in the use of a remedy, or remedies, directed to the *effect*), in the use of external stimulation and heat, of anodynes in sufficient doses to promptly arrest all peristaltic action of the intestinal tube, and of astringents in large and often repeated doses, sufficient to completely diffuse itself over the (as it were) *bleeding surface.* To fulfil the first indication, we think the spirit lamp has great advantages over all other means of applying artificial heat to the external surface. To fulfil the two latter indications, we have been in the habit of relying upon the use of tannic acid and morphine. Not in doses that would be proper in ordinary attacks of disease, as it is (or ought to be) well known to every practitioner, that the system, when in the congestive stage of any disease, will bear the use of powerful remedies, in doses that would prove fatal in other conditions of the organism. We have been in the habit of giving with impunity, from a half to three-fourths of a grain of morphine, and from one to one and a half teaspoonsful of tannin every hour, and only discontinue it when the discharges are completely arrested, and the rumbling and commotion in the bowels is entirely overcome. This accomplished together with a proper reaction, places the patient in a measure out of danger, and gives the physician an opportunity to direct his alteratives to the dormant state of the liver.

In the cases of irritable bowels, accompanied with uneasiness, rumbling, and somewhat frequent stools, the patient is still able to attend to business; we have found two or three large doses of the above sufficient, though they almost invariably require alteratives before the cure can be relied upon as permanent. When more uniformity shall exist in the treatment of cholera (as is the case with most other diseases), and a more gratifying success accompany this, then will science and humanity have achieved a great victory, and he who may be overtaken by so terrible an enemy, will look to the healing art, and to its dispensor, with a confidant and well founded hope. Then will this dreaded disease be stripped of its terrors, and medicine proved to be indeed *a certain science.*

PART II.

REVIEWS AND NOTICES.

ART. VII.—*Operative Surgery, based on Normal and Pathological Anatomy.* By J. F. MALGAIGNE, Professor Aggrege de la Faculte de Medicine de Paris, Chirurgien de l'Hôpital de Lourcine, Chevalier de la Legion d'Honneur, et du Merite Militaire de Pologne, etc. etc. Translated from the French, by FREDERICK BRITTAN, A. B., M. D., M. R. C. S. L. *Securite, simplicite, celerite.* Illustrated by wood engravings, from designs by Dr. Westmacott. Philadelphia: Blanchard and Lea. 1851. pp. 565.

For a number of years past, this work has been a leading text book in most or all of the medical schools of Europe. It had undergone translations into five different languages before it appeared in an English dress, besides having passed through several editions in the city in which it originated. These are certainly flattering testimonials to its merits, and it is singular that its appearance has been so tardy in our own language. Few books can boast of five editions in ten years, and five translations; followed by another into English, which has been placed before the profession in England; and now by being reprinted in this country, must be extensively circulated in the United States. It is divided into three parts.

Part 1st. General Elements of Operations, or Elementary Operations.

Part 2d. General Operations.

Part 3d. Special Operations.

In part first, we have different chapters on the following subjects: 1. Incisions, Dissections, and Punctures. 2. Cau-

terization. 3. Ligature, "en masse." 4. Means of preventing the effusion of Blood. 5. Reunion. 6. Of the means of diminishing Pain during operations.

In part second: 1. Common Operations, or Minor Surgery. 2. Operations performed on the Epidermis and its dependencies, or the art of Pedicure. 3. Operations on the Teeth. 4. Operations specially affecting the Skin and Cellular tissue. 5. Operations on the Muscles and their dependencies. 6. Operations performed on the Nervous System and its depen dencies. 7. Operations performed on the Veins. 8. Operations performed on Arteries. 9. Operations performed on the Bones and Articulations. 10. Resections. 11. Of Amputations.

Part third: 1. Operations performed on the Eye, or art of the Oculist. 2. Operations performed on the Auditory apparatus. 3. Operations performed on the Nose and Olfactory apparatus. 4. Operations performed on the Mouth and its appurtenances, or the Gustatory apparatus. 5. Operations performed on the Throat. 6. Operations performed on the Thorax. 7. Operations performed on the Abdomen. 8. Operations performed for affections of the Rectum and Anus. 9. Operations performed on the Genito-Urinary organs of the male. 10. Operations on the Genito-Urinary organs of the female.

The above is the heading of the different chapters, each of which is subdivided into sections. The directions are concise, and given in a remarkably clear manner. As a specimen of style, and as exhibiting the methodical manner in which directions are given, we make a few extracts:

LIGATURES FOR THE PURPOSE OF ARRESTING HEMORRHAGE.—Described by the ancients for ordinary wounds; applied by A. Pare in amputations; comprises a number of methods, according to the parts included with the artery—the kind of ligature—the mode of tightening the ligature and the disposition of the cut ends:—

1. *According to the parts included.*—A. Pare seized with the tenaculum the veins and arteries, raising with them a little flesh or surrounding tissue, and tied them with a double

ligature, thinking that in this manner the union of the vessels would be better and more effectual. Dionis passed the thread through the flesh by means of two curved needles, or even took in together vessels, flesh, and skin. Desault first in France recommended tying the artery isolated; when the vein was with it, he comprised that also in the ligature. Now the immediate ligature, or that which includes only the artery, is preferred.

2. *According to the kind of ligature.*—Single or double simple thread was used at first. Ruysch proposed copper. Vetch and Lawrence employed very fine silk. Physick thin shreds of doe-skin, and also metallic ligatures; others, silk-worm's gut, cat-gut, &c. In France, single or double thread is still preferred, or small thread ribbons for the large arteries.

3. *According to the instruments used.*—The tenaculum of A. Pare has given place to the dissecting or button forceps, reproduced with slight modifications under the name of "fixed forceps of Graefe or Amussat." Some have used straight or curved needles. The tenaculum of Bromfield has regained favor lately. S. Cooper recommends a double tenaculum. M. Columbey has constructed a very ingenious instrument, which at the same time seizes the vessel, places and tightens the ligature—an instrument too complicated ever to become of general use.

4. *According to the way of tightening the ligature.*—Dionis relates two very remarkable ways; one in which the artery is tied on a little compress, and which, more lately applied to the operation of aneurism, has taken the name of Scarpa's method. The other consists, after embracing the artery in the ligature, in passing the thread through it from side to side before tightening, a plan reproduced by Sir A. Cooper. Jones advises the finest possible ligatures, and that they be squeezed tight enough to cut the internal tunics of the artery. Jameson proposes soft shreds of doe-skin, moderately tightened, for the sake of guarding these same tissues.

5. *According to the time the ligature remains applied.*—Jones and Travers have stated that the ligature, applied from six to twenty-four or fifty hours, and then removed, suffices to obliterate the artery. This is called temporary ligature. Most of the surgeons of the eighteenth century leave hanging from the wound one extremity of the ligature, by which to withdraw it when the artery is completely divided, cutting off the other near the knot. Vetch, in 1806, proposed cutting off both ends near the knot, and uniting the wound, leaving

the ligature to the efforts of nature. Moreover, it is especially to favor their absorption that ligatures of animal matter are used.

Appreciation.—Surgeons in this respect are divided between two opinions; some, siding with Jones, think that, in order to hasten the adhesion of the sides of the artery, its internal coats should be divided; others, with Crampton, Scarpa, and Jameson, declare that this precaution is useless, and even hurtful. There are facts for and against each theory. Ligatures, too fine, have the inconvenience of often cutting the artery before adhesion of the clot and obliteration have taken place; ligatures, too loose, are sometimes driven off by the shock of the blood. The ligatures should then be chosen of different sizes, according to the calibre of the vessels, and sufficiently tightened to prevent their coming off. No other parts should be included in the ligature with the vessels, unless it cannot be avoided, or when the parietes of the vessels appear diseased, in which case they would be divided too soon. We have seen above in what cases we may tie the artery on a foreign body in its interior. As to the substance used, it is of little importance, when we do not wish to unite by the first intention; but of much in the opposite case, for then, if we leave the threads hanging out of the wound, the cicatrization is retarded; if vegetable threads are left in the wound, they are liable to determine numerous consecutive abscesses. The metallic threads seem to rest without inconvenience to the tissues, but they have only been tried on dogs as yet. We prefer the ligature of doe-skin, not soft, as Jameson likes them, but rolled up, as used by Physick and Dorsey, and strong enough to bear as much tightening as necessary. They divide the internal coats like vegetable threads, but are easily absorbed, so that we may remove the two extremities very near the knot; if, on the contrary, common thread is used, only one end is cut, and the other hangs from the wound. Larrey adopted another plan, not without some importance. He cut the ligature on a level with the external wound, and left the ends in its depending angle, so that the thread is out of the way of pulls and strains, in the after dressing, and especially when the patients, being delirious, tear off the dressing themselves. No matter what the length of thread, it must be left until it comes off of itself; that is to say, until it has entirely divided the artery. Temporary ligatures are properly rejected. These preliminary observations made, let us proceed to the operation.

1. *Immediate Ligature. First proceeding.*—The surface of the wound being well sponged, seek the vessels. There are two things that may assist us in finding them. 1. In many operations, the surgeon knows beforehand the situation the vessels ought to occupy, and he looks for them there, searching among the tissues with the point of the forceps. 2. Make the assistant slightly diminish the pressure on the arterial trunk, and observe the points from which the blood spouts. The jet of blood points out the artery; the vessel is then seized with the forceps, either by placing one of its points inside, the other outside (Desault), or seizing the entire vessel obliquely, so as to flatten it between the ends of the forceps, drawing it out a little; the assistant then passes a thread under the forceps, makes first a loose knot, and, holding the ends of the thread firmly in the palms of the hands with the three last fingers, he passes the two first along the thread, and with them directs the knot on the artery above the forceps, and tightens this knot by pulling apart the two ends of the ligature with the index fingers. Another assistant, if necessary, places his finger on this knot, that it may not loosen, and adds a second in the same way. Now, but not before, the surgeon may withdraw his forceps, and the compression may be loosened to make sure that the artery is completely obliterated.

Sometimes the blood, flowing in streams, hinders a good view. The patient should then be made to take large inspirations; or the compression on the limb, perhaps too tight, should be removed, or lessened. Sometimes the vessels retract into the flesh under the aponeuroses. If they are small, they may be left; if large, the flesh or aponeurosis which conceals them must be cut with the bistoury. Often a vessel which has bled during an operation does not do so after it is over, which is one reason for not always using the same mode of dressing. Desault's plan is only fit for large arteries, and then perhaps the tenaculum is preferable. With regard to the very small arteries, as it would be impossible to isolate them immediately, a small portion of the cellular tissue is raised, and tied with them. In the same way are employed the forceps of Amussat or Graefe, only that these remain closed by some particular mechanism. They are very useful when the surgeon, without assistance, is obliged to tie the ligature himself.

Second proceeding. The Tenaculum.—The artery is transfixed by the instrument, and drawn out. The rest of the operation as usual.

The tenaculum may also serve for the small arteries; the artery and a small portion of the cellular tissue being raised together.

2. *Mediate Ligature.*—The two ends of the ligature are passed through two curved needles. The first pushed into the flesh, at a distance of half a line from the artery, is passed up two or three lines, and then brought out, having described a semicircle. With the other needle a similar semicircle is described on the other side. The vessel is thus between them, quite surrounded, and we have only to tighten the ligature. The same needle may do for both semicircles, one after the other.

The following are his general rules for Sutures:

1. The wound should be well washed and freed from blood or other foreign substances.
2. At each fresh stitch, the edges should be brought together anew, so that the points may perfectly correspond.
3. The integuments ought to be traversed at an angle of forty-five degrees; if more obliquely, we should raise a portion too thin to bear extension.
4. The thread ought to penetrate so deeply as not to leave a space under it where the pus might collect.
5. We must avoid pricking nerves, vessels, serous membranes, or tendons.
6. If the needle is passed from without inwards, the skin should be held between the thumb and index finger of the left hand; if from within outward, the thumb and finger should be pressed one on each side of the part to be traversed by the needle.
7. When suppuration is feared, a space should be left open at the bottom of the wound, in which may be placed a bit of lint.
8. The distance between the points of suture varies according to the thickness of the flesh. The general rule is, that they must be so near together that the wound may not gape between them. The distance should be the same between them all; but the extreme stitches should be only half this distance from each end of the wound.
9. The distance between the edge of the wound and the point also varies; it ought not to be more than half an inch, nor less than one line; it should be equal on both sides.
10. Generally, the threads are first placed in the middle of the wound; but if there are any angles or a free border, as in the lip, we should begin at the angles or free border.

11. The stitches should not be tightened until all the threads are in; and the rule is, that those of the middle, or angles, should be first tightened. The edges of the wound should be held together by assistants until the last thread is tied.

12. The knots ought always to be made on the side, as far from the wound as possible; and, lest they should be injured by the pus, we should place them on the least declining edge.

13. The knots ought to be tight enough to hold in apposition the edges of the wound; but not so tight as to cut the skin when the inflammation comes on, and the parts swell. This is a very necessary precaution.

14. When the wound is recent and fresh, the suture is left *in situ* from four to eight days. If it is to be united by second intention, the suture should remain applied a month, or even more if anything opposes the adhesion of its borders.

15. Only one stitch should be removed at a time, and we should always begin with those least essential, those we tied last. The knot being cut with a scissors, and the edges held together by an assistant, the thread or needle, according to the kind of suture, is withdrawn from left to right, the thumb and left index finger being pressed on the part from which it is drawn. We judge by the adhesion of the wound in this spot whether the others may be removed, or we should still wait longer.

As a manual of operative surgery, this work stands among the best, and no surgeon should be without a copy of it.

Art. VIII.—*Lectures on Scarlet Fever.* By Caspar Morris, M. D., late Lecturer on Practical Medicine in the Philadelphia Medical Institute, Fellow of the College of Physicians of Philadelphia, Member of the American Philosophical Society, &c. Philadelphia: Lindsay & Blakiston. 1851. pp. 104.

We are pleased to see these lectures, which have previously appeared in the pages of the Medical Examiner, put into a distinct form and placed before the profession; they are worthy of it. From the reputation and ample opportunities for observation of the author, we were prepared to expect a valuable

contribution to our literature on the somewhat complicated subject of Scarlet Fever; and we have not been disappointed, upon a more close acquaintance with the contents of this little work.

The importance attached to this sometimes dreadful disease, is graphically portrayed in his opening remarks:

"So fatal have been the results, so fearful the ravages, so wide spread the devastation of this disease, so interesting the period of life at which it commonly occurs, just as parental hopes are budding with promise, and the tendrils of affection entwining themselves the most closely round the heart, that the very name is a signal of distress, and its introduction into the family circle is looked upon as the entrance of the angel of death with an irreprievable warrant to destroy. The parent sits down in the evening the happy centre of a group of smiling objects of affection, his heart swelling with delightful anticipation as his eye glances around the circle; and ere the next return of the same weekly period, half of them slumber in the embrace of death. The mother's nightly visit is paid to the couch of the only idol, upon whom her hopes are concentrated, and to which the sacrifice of anxious love is hourly offered, and leaves it sleeping tranquilly, no forecast shadow giving sign of the coming sorrow; the morning finds it stricken down by disease, and the evening an inanimate corpse given over to the power of corruption."

As to the question whether it is ever propagated by contagion, the author takes a decided affirmative ground, and adduces many strong confirmatory circumstances; while at the same time he does not believe that the principle of contagion can attach itself to the clothing of persons not themselves affected by the disease, so as to be conveyed to others. Both of these questions are important ones; and from our own observation, we have long been of the same opinion as our author. A singular instance is, however, mentioned by him of two fatal cases having occurred in a house which was then abandoned for several months, with the furniture remaining, when a family moved into it from a distant city in which scarlet fever was not prevailing; the disease made its appearance in it within two weeks, and proved fatal to several

children. The period of incubation he places at from eight to fourteen days, but subject to great diversity; the shortest period being forty-eight hours, and the longest twenty-eight days. When about fifteen years of age, the writer of the present notice had an attack of scarlet fever forty-eight hours after having been exposed in conversing with an individual in the open air, upon whom the eruption had appeared within a very short time. If propagated by contagion in this instance (and the fact appeared almost conclusive), there could have been no mistake in the time, as it was the only exposure, and the distance was about two miles between us.

While contagion may be a means of propagation, there is no doubt, however, but that the disease extends often as an epidemic, and may be influenced also by endemic conditions. The closer the investigations, however, only reveals more clearly the uncertainty which exists as to the character of its cause and the laws governing its propagation.

In reference to a prognosis, the writer properly observes:

"The *mortality* of scarlet fever varies greatly, occurs at different periods of the progress of the case, and depends on various causes. The *prognosis* is therefore necessarily indefinite. So treacherous is the disease, and so liable to serious complications and fatal sequelæ, that it is best always to give a guarded opinion as to the result. You may say, with safety, that no case is so desperate in its symptoms as to shut out the hope of recovery; but must at the same time admit that none is so benign as to exclude anxiety. * * * * * I have, on the other hand, seen a patient lie utterly unconscious of surrounding objects, with a livid eruption, entire loss of the power of deglutition, constant discharge of putrid sanies from the mouth and nostrils, and uncontrollable jactitation—and others with convulsions and croup,—and yet recover. You will not, therefore, be surprised when I tell you that my uniform habit is to speak cautiously of the lightest, and to encourage hope in the gravest case.

"There is no doubt that the mortality among adults is greater in proportion than among children. To pregnant and puerperal women, it is almost inevitably fatal. I have known several cases which proved mortal, but have never heard of a recovery. The character of the prevailing epidemic should

always be taken into consideration in forming an estimate of the probable results of any case, as in no disease is the mortality more variable."

In reference to the treatment of the simple form of this disease, the author pursues a middle course; while specifics and perturbating treatment are deprecated, a judicious mode of treatment, medicinal and otherwise, is strongly advocated as important. A philosophical view is taken of the numerous conditions and influences operating upon patients, and his directions as to remedial agents are judiciously adapted to these varying circumstances. In reference to blood letting he gives his unqualified dissent in the primary stages of the disease, even when the symptoms indicate the propriety of its adoption, while he is a strong advocate for it in the sequelæ.

In the anguinous variety, the same general principles of treatment are recommended as in the simple, with the addition of attention to the local symptoms of the throat, by the application of warmth and moisture externally. The medium of this application he recommends to be by a flannel cloth wrung out of hot water, and applied with moderate firmness, and of several folds thickness, covered with oiled silk, &c. While these applications are making externally, *ice* is recommended internally as best calculated to soothe the internal irritation, and avert the probable results of the excited action of the capillaries of the mucous membrane. When ulceration takes place, and an extension of the inflammation along the mucous membrane into the nostrils, he recommends the use of the syringe in making applications to the parts, of soap and water, or in advanced stages of a weak solution of sulphate of copper or zinc. Active purgation is discountenanced, but a regular action of the bowels is recommended by the exhibition of small quantities of calcined magnesia. Local bleeding is decidedly condemned, and in stronger terms than the general, on account of the liability to ulceration from the wounds inflicted by the bites of the leech, and by the scarification. Emetics are considered as doubtful, but if used ipecacuanha is preferred. When the eruption is irregular or imperfectly

developed, the internal use of capsicum is highly recommended both for its general and local effects. In the malignant variety, our author gives a strong testimony against the use of the lancet and all depletory means; and instead recommends the stimulant course by capsicum, animal broths, &c., as the best. Free ventilation is advised properly in all forms of the disease. As to prophylactics, our author has little or no confidence in them.

The directions given for the treatment of the sequelæ of the disease, are judiciously adapted to their varied condition; and the free use of the lancet is recommended in many cases. Calomel, purgatives, diuretics, and other evacuants, are also freely employed, while the tonic and stimulating plan of treatment is generally condemned.

We can conscientiously recommend the little volume to our readers as a valuable addition to what has been written on this disease, by one who has had a large experience, observed closely, and reported honestly and carefully his own views as read by him in the book of nature.

It is for sale by H. W. Derby & Co., Main street.

Art. IX.—*The Spirit Rappings, Mesmerism, Clairvoyance, and Psychometry; or the Life and Times of Old Billy McConnell, the Witch Doctor: the Great Prototype of the Modern Professors of the Imaginative Sciences.* By one born among the Witches. Cincinnati: J. A. & U. P. James. 1851. pp. 192.

What, exclaims the reader, has a medical journal, or medical men, to do with a *Witch Doctor?* Perhaps nothing with the *doctor* himself; but as his art seems to have been somewhat prolific, and comes to us *modernized* under the garb of mesmerism, clairvoyance and psychometry, and by a stealthy manœuvre seeks to attach itself, like a parasite, to our science, we cannot fail to acquire an interest in the subject; and we are thus induced to look from the progeny to the great progenitor, and to trace the resemblances between

the more rude, but not less artful, *witch-doctor* of olden times, and the tidy and well-trimmed modern *professor* of the IMAGINATIVE SCIENCES.

In attempting to trace certain resemblances between the ancient and modern sciences, it may be well to note certain cardinal principles which were fully recognized and judiciously enforced by the *witch-doctor*, and to mark the obvious resemblance between those rules and the laws which govern the *mesmerisers* of modern times. On this point, the following fact appears in the history before us:

Witches and wizards, in all ages, have had the reputation of possessing great sagacity. But whether their powers of discrimination are instinctive or the result of reason, or whether it is a supernatural gift, bestowed by their master, cannot be determined. Be it as it may, one thing is certain, that in the gratification of their mischievious or malignant propensities, they always selected the fittest subjects upon which to work their "charms." Not once were they known to cast into the *immovable trance*, a well fed milch cow, or working ox, but invariably gathered about those of the *nervous temperament*.

The reason of this choice was not then well understood, but is now fully known. Modern discoveries have determined, that animals of *nervous temperament* are most *susceptible* of *impressions*, and most easily brought under the influence of those of *superior mental and physical organization*, who may operate upon them to subject them to their *wills*.

This principle is so generally understood, and has been so fully demonstrated, by the operators in the sublime science of mesmerism, that it is needless to explain the reason why the witches, in their operations, always selected the *poorest class* of the farmers' cattle. This discovery will also enable the inquirer to discern, as before hinted, why the neighborhood in which Billy M'Connell settled, afforded so fine a field for the display of the powers of witchcraft, and for the practice of his profession.

In the following extract, we cannot fail to perceive that several of the principles which govern mesmerizers, are shadowed forth:

Previous to Old Billy's coming into the neighborhood, the case of "bewitched animals," was so hopeless, that their owners generally abandoned them to their fate. For it rarely ever happened that the witches returned to relieve their victims, and unless the "spell" was broken, they could not recover—hence the importance, to the people, of Billy's arrival.

This subject will be fully comprehended, by any one at all familiar with the principles of the science of mesmerism. Every person cast into the mesmeric sleep, is entirely under the control of the individual who places him in that state; and he can neither shake off the "spell" himself, by which he is bound, nor perform any act except as *willed* to do it by the operator. And though the progress of discovery, in this science, for some years past, has been very rapid; yet, each mesmerist must still release his own subjects, as *no third person* possesses the power to *demesmerize* them. Operators, therefore, are always careful to relieve their subjects from the mesmeric influence, otherwise serious consequences might result from the neglect.

But Billy McConnell was in advance of the age in which he himself lived, not only in things in general, but far ahead, even of the present age, in this one thing in particular. He could as easily *demesmerize* most of the subjects thrown into the *mesmeric trance*, by the witches, as a common man can awaken another out of an ordinary nap of sleep.

The powers of witchcraft are identical with those of mesmerism. This assertion is no stretch of the imagination. It is literal truth. Their identity is now asserted by the advocates of the latter science, and they cannot err in judgment upon a question of this nature. They assure us that the witches were capable of performing many of the mysterious things attributed to them, and their powers *were derived from a knowledge of the principles of mesmerism.*

Witches, therefore, were the *original* mesmerizers, and modern mesmerists are but their *pupils* and *imitators*, with this difference. The former operated principally upon *quadrupeds*—the latter act upon *bipeds*. The former cast their "magic spells" upon the *poorest*, most *stupid* and *nervous* of the *brute creation*—the latter induce their *mesmeric trances* upon the most *credulous*, *impressible* and *imaginative* among the *human race*. The former used *charms* and *incantations*—the latter *grimaces* and *manipulations*. And, finally, the former, to acquire their powers, sold themselves, body and soul, to his satanic majesty; and the latter, to gain the objects at which they aim, are devoted to * * * *

Now, we call attention to the foregoing ascertained truths, to press upon the public mind the fact, that the philosophers of the present day—though it is the age of *progress*, and they the "progress men"—are far behind Billy M'Connell. Indeed, justice to his memory demands that we should vindicate his character as a profound philosopher; and show that he was as far in advance of our most learned professors of the *Imaginative Sciences*, as the students of the *Demonstrative Sciences*, throughout Europe and America, are in advance of those of India and China. In truth, when our history is completed, it will be apparent as the sun at noonday, that before these *Imaginative Philosophers* can half equal this son of "auld Ireland," they must summon a congress of all the Miss Foxes, Mrs. Bushnells and La Roy Sunderlands, &c., &c., to call back Billy M'Connell's spirit from parts unknown, and obtain, *viva voce*, the exhaustless stores of erudition, lost to the world by his death.

It is a remarkable fact in the *science* of mesmerism, that the *sympathetic* current flows only in *one direction*, and that is *toward the subject*. Now, it is a singular fact (but a *cautious* principle of theirs) that the "Imaginative Philosophers" have failed to discover any means by which this sympathetic current can be reversed, so that the *operator* may feel sensations imparted to the *subject*. This is a desideratum; and if it can be shown that the art was possessed by the *witch-doctor*, the evidence will be conclusive that "Old Billy" was really in advance of the "progressives" of the present day, and they will feel obliged to acknowledge their obligations to "one born among the witches" for the new light he has shed on their illustrious science.

It appears that the *witch-doctor* occasionally encountered quite obstinate "cases;" and when he found these would not

submit to his own anti-witch measures, he very ingeniously compelled the witch to relieve the suffering animal by *reversing the sympathetic current!*

Whenever Old Billy found that his first method of "passes" and Latin failed to neutralize the effects of witchcraft, he immediately proceeded to adopt a more efficient system of measures; and in anticipation of modern discoveries, he at once selected the most appropriate and scientific instruments. This was, doubtless, a wise policy, as it is highly important to success, and to the establishment of a reputation for profound learning, that a man occupying such a position, before the public, should appear, at least, to be deeply versed in all knowledge.

Taking a *horseshoe magnet*, or rather a horse shoe itself, or the clavis of a plough, he would proceed to heat it red hot, and carry it directly to the place where the impotent cow or ox was lying. Then making certain mysterious "passes" of the hands, and philosopher-like *expressions of countenance*, and mumbling over his Latin "charms," by all of which profound mysteries he was enabled to *reverse the sympathetic current*, he would place the hot iron on the beast's neck, and calmly await the result.

The sympathetic current having thus been *reversed*, the witch, who had done the mischief, at the moment the hot iron was *pressed to the animal's neck*, quickly passed her hand to *her own neck*, to brush off something, at the instant, *seeming* to come into contact with the skin. But a second or third trial, made in rapid succession, failing to detect any *material substance*, or to allay the increasing irritation, she quickly divined what Billy M'Connell was about; and, with a single bound, springing to her *broomstick*, she mounted this faithful courser, and instantly darted to where he stood. Then, impelled by urgent necessity, she plied her fingers and hands, with the rapidity of thought, *from heels to head*, over the tortured animal, until the connection between herself and it was fully broken. This haste was demanded, as, up to this moment, she had been suffering all the agony which a burning iron could produce upon so sensitive a part as the neck. Having thus disengaged herself, and casting a glance at the ascending smoke, from the burning hair and frying skin of the victim of her previous midnight pranks, and looking daggers at Old Billy, she sailed away home again to cure up her wounds.

But we must hasten on, or the *bewitching* influences of the history before us will lead us into comments and extracts incompatible with our limits. We regret that it is not our power to follow the history of Old Billy through several astounding adventures; but we must pause to note a passage which will not fail to suggest a multiplicity of originals, of which this is no exaggeration.

The author does not fail to remind us that our Imaginative Philosophers have boldly applied their newly discovered principles to the elucidation of the Bible, and that they have ascertained that the whole of them were accomplished by the sublime science of mesmerism? The following graphic description of a modern imaginative, imitating the miracles

wrought by Moses, will be duly appreciated by those who have witnessed the deceptions practiced on public assemblies by certain travelling mountebanks:

When all things are ready, our modern Moses calls out a boy, from a group that he has mesmerized, who is to represent Pharoah and the Egyptians. The prophet selects, for the trial of his skill, the first miracle performed before Pharaoh, and, accordingly has at hand a bundle of sticks, or common walking canes, from which he chooses the largest, to represent the rod of Aaron—the remaining ones answering to those of the magicians.

Our prophet then turns to his audience, with all the dignity of Balaam, when he rode forth upon his ass, to curse Israel, and, holding out the large stick, thus addresses the boy: "What do you see in my hand?"

The young Pharaoh answers, "A stick."

Throwing down the stick upon the floor, Moses announces, so that the audience can hear, "When I count four it will turn into a serpent." He then proceeds: one, *two* THREE, FOUR," and, in imitation of Billy M'Connell, when he shot the witches, the last number is pronounced with great emphasis, and a heavy stamp of the foot.

Pharaoh' looking at the stick, becomes much agitated, when Moses again asks, "What do you see now, my boy?"

Trembling with fright, the boy attempts to run, and cries, "A snake! a snake!! a snake!!!" But Moses *wills* him to remain, and, holding up the smaller rods, demands what he now sees; to which Pharaoh replies, "A bundle of sticks."

"When I count three," Moses again proclaims, "they will also turn into serpents, and the big one will swallow up the little ones." Then casting them down beside the large one, he counts, "One, *two*, THREE."

Again the young Pharaoh, frightened out of his wits, renews his attempt at flight. But the *will* of Moses retains him, while he again demands of the boy, "What do you now see?"

Pharaoh, continuing greatly agitated, exclaims: "Oh! I see a whole drove of snakes! They'll bite me! They'll bite me!! Let me out! Let me out!! Let me out!!!" and dashes hither and thither, to escape through the wondering crowd, who now gape with as much astonishment, as Balaam, when his ass spoke with a man's voice.

After a pause, to allow the excitement to subside, Moses again inquires, "What are they doing now?"

"They—they—they—are fighting one another," stammers the boy, who begins to grow more calm, as the dangers lessen.

"What now?" again demands Moses.

"Ah!—ha! ha!! ha!!!" shouts young Pharaoh, in the very tones of voice of the ancient king of Egypt, "the big one is swallowing up the little ones."

Thus ends this truly marvelous scene, from which the assembly retire immensely wiser, having beheld the performance of an Egyptian miracle.

We must not fail, however, to note another discovery, made by the ancestor of Billy McConnell, which, in point of practical importance, is not surpassed by the extraordinary developments of mesmerism—we refer to the discovery of the *Law of Antagonisms* in the physical and moral universe. The discovery of this important law, led to the solution of the

vexed question, why certain *charmed* substances were cap of *repelling* evi beings and evil influences. The author t states the character of this important discovery:

Now, the importance of the blacksmith's discovery consisted in this: that it fully ascertained the cause why one charm will repel and another attract satanic agents. This difference in the effects, he showed, arises from the difference in the moral character of those who prepare them. The mode of preparation is by the touch, and the utterance of certain words, or by inscribing particular sentences or characters upon the article to be constituted a charm. Where a good man thus impresses his moral characteristics upon a material substance, it repels all evil spirits and witches from the person to whom it is sold; but if a charm be prepared by a man of opposite moral character, it attracts the spirits of evil, and gives them full power over its owner. The whole value of charms, therefore, according to this discovery, arises from the *Law of Antagonisms*, by which the good repels the evil.

It was the knowledge of this principle, that enabled Billy M'Connell to defend himself, so successfully, against the metamorphosed witches and his satanic majesty, in the haunted mill.

But the question will immediately be asked, have *we*—the favored sons of the nineteenth century—lost the advantages of this astounding discovery of the great Law of Antagonisms? Is there no one among us on whom the mantle of the immortal blacksmith has fallen? Thanks to the genius of psychometry, the author answers this question in the affirmative:

But like Billy M'Connell and the witches, the blacksmith is not without a competitor. As witchcraft has its rival in the science of mesmerism, so the *Law of Antagonisms* has its counterpart in that of *Psychometry*. This new science, as we shall be able to show, embraced the identical principles of that discovered by the blacksmith. Its ingenious discoverer, however, has given to *Psychometry* a wider application, in human affairs, than the blacksmith succeeded in giving to his *Law of Antagonisms*.

The doctrine of *psychometry* teaches that certain influences may be emitted from the person or mind of a writer, so as to become attached to the *paper* on which he writes; and the properties thus imparted to the paper may be perceived and felt by another person, so that he becomes fully impressed with the mental, physical and moral attributes and qualities of the writer. And, what is still more important (and herein consists the remarkable parallel between the great discover of the laws of *antagonism*, and the great author of *psychometry*) substances thus endowed with the mental and moral qualities of a person, like those of the blacksmith, possess attracting and repelling powers. This is the essence of the

laws of antagonisms, the glory and beauty of which have descended from the Irish blacksmith, through a period of two hundred years, and have been revised by the great imaginative philosopher of the Queen City, in the middle of the nineteenth century! Of this important fact the author thus writes;

He declares that, in his experiments, a certain lawyer was placed in contact with the autograph of the good General Jackson, without his knowing whose it was, and he "recoiled from it with an expression of aversion."* Here was repulsion, and had it been a demon or witch, instead of a lawyer, the effect must have been terrific, on account of the greater degree of antagonism between the parties.

But the effect of General Jackson's autograph was very different upon a gentleman of a different stamp. The Rev. Mr. K., of feeble physical constitution; on placing his hand upon the autograph of General Jackson, "soon caught his fiery and resolute spirit. * * * A determined, self-confident, daring and triumphant feeling" was aroused, "his whole frame was shaken," his "strength wrought up to the highest tension," his face and arm burned, * * * "it was like touching fire," which ran to his very toes."† This is a case of attraction, where the mind of the subject is brought under the influence of that of the writer, and he is made to feel, think, and act, as the writer did when the autograph was penned.

But the most interesting case, is that of a young lady, who on touching General Jackson's autograph, "complained of feeling as though her face was hard and elongated, her cheeks hollow, and her whole temperament changed to the energetic iron tone of General Jackson."

Another young lady, on being put in contact with the autograph of an eminent divine on attempting to walk, found great difficulty of locomotion, which was inexplicable to her friends, until they recollected the lameness of the writer, to whose influence she had been subjected!"‖

The "nervauric" influence may become attached to any material thing, and thus be imparted to a second person, who will acquire more or less of the qualities possessed by the individual from whom the power emanated. It is impossible to conjecture, even with the most unlimited imagination, the extent of these influences; they may enter into every pursuit of life, and become the controlling agent of the opinions and actions of politicians, divines, jurists, and moralists. Life thus becomes a modified state, liable to a change with every new contact. Our author has pointed to a number of instances displaying these remarkable results, from which we make a few extracts:

A little lawyer, who had never given much indication of talent, and whose

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Journal of Man, vol. i, p. 105. †*Ibid*, pp. 100, 101. ‡*Ibid*, p. 106. ‖*Journal of Man*, vol. i, p. 107.

habits and manners were anything else than grave and dignified, was elected, through party influence, to the office of President Judge of the Court of Common Pleas. The sessions of the Supreme Court were held in the county court houses which our new Judge had to occupy on his circuit. The Supreme bench was then filled by the best talent of the state—men of great gravity and dignity, and profoundly learned in the law. It was soon noticed that our little Judge had undergone a most remarkable transformation of habits and manners. On taking his seat in the court room, he would sit bolt upright, without throwing up his feet on the desk before him, as he had been wont to do. His voice became so altered in its tone, as closely to resemble that of the Supreme Judge who had preceded him in the occupancy of the seat. And such was the learned manner in which he gave his opinions and uttered his decisions, that, had it not been that the monkey was discernible in his strange misapplication of legal terms, he might have been mistaken for the Supreme Judge, by those who should overlook the difference in size and personal appearance. This remarkable transformation was a matter of great astonishment to his friends. But had they understood the science of Psychometry, their astonishment would at once have ceased. They would have known that the Supreme Judge, in occupying the seat in the court room, had imparted to it a copious supply of the *nervauric* fluid from his person; and, that the little Judge, by the fundamental contact with the seat, had absorbed the nervous fluid of the pre-occupant, and thus had become wholly subjected to his mind, and constrained to exhibit all the characteristic gravity, dignity, and learning, that the Supreme Judge himself had been accustomed to display.

A few years since, a candidate for the Presidency pledged himself to the people, that if elected, he would "walk in the footsteps of his illustrious predecessor." It was not then understood to what extent this pledge would secure the safety of his administration. He was of exceedingly impressible character, and very social in his disposition. It had long been known that he was liable to receive double impressions, and had often advocated, first one set of opinions and then another, to such an extent, and in such a non-committal manner, that all parties frequently claimed him. This seemingly erratic course can be easily explained on the principles of Psychometry. His contact with different individuals of opposite parties, impressed his mind with opposing opinions, and led to such intermingling and confusion of thoughts, as to place him upon non-committal ground. But this seeming defect in his character, as the results proved, was one of his greatest excellencies. Placed in the Presidential chair, then teeming with the *nervauric* fluid from the noble and energetic hero of the hermitage, the impressible aspirant to the Presidency, could, in good faith, pledge himself for the safety of his country. By sitting closely in the Presidential chair, and walking carefully in the hero's footsteps, he could keep himself constantly saturated with his nervauric influence, and thus it would be impossible for him to err, either in action or judgment, because he must, at all times, think, feel, and act, like the good old hero, and the country be as safe as it had been under his administration.

But the most remarkable confirmation of the claims of Psychometry, is found, a few years later, in the case of a candidate for the Vice Presidency. Before his election, he had most explicitly avowed his ardent attatchment to whig principles. The hero of North Bend, whose name headed the ticket which carried the election, did not live long enough to impart a decided nervauric impression to the Presidential chair. The Vice President, on becoming its occupant, soon began to waver in his political course. The deep democratic impress made upon the chair, by the hero of the Hermitage, during two successive terms, remained in full force. The new President did not possess that vigorous and enlarged kind of a soul, which resists all external nervauric influences, but was himself, exceedingly impressible, and, besides, had strong enough predilec-

tions towards democracy, to prevent any repulsion, on his assuming the chair. Consequently, his mind was soon rendered quiescent, and his brain brought so completely under the control of the nervauric spirit of him of the Hermitage, that he soon became as democratic in all his feelings and actions, as could have been desired by the most zealous of that party. This total revolution in the opinions and conduct of the impressible President, can be easily explained on the principles of Psychometry, and is a most triumphant proof of the truth of this science. But it does more than prove the truth of Psychometry. It clearly points out a mode by which all the dangers to governments, from hereditary succession, or frequent elections of chief magistrates, may be obviated. The rule would be this: first place at the head of government, a man of sound judgment, clear discrimination, profound knowledge, and incorruptible patriotism. After his term expires, select a succession of *impressible* persons, to fill the chair of state, whose minds, coming under the influence of the nervauric fluid left in the seat by the first, shall, ever after, rigidly copy his example!

Another illustration, which intimately concerns the social relations of society, is thus expressed:

Now, it is evident that we have discovered, by the aid of Psychometry, the true origin of the disposition to tattle and slander, and to cherish hatred, and malice, and envy. All such persons, whether in the lowest or highest walks of life—whether on the bench, in the legislative hall, or the pulpit, are related to witches either directly or collaterally. Whenever, therefore, any one is found guilty of indulging in any of these diabolical habits, it is a *prima facie* evidence of their being descended from witches. But then, though this must be humiliating to the pride of some families, yet the evil is not without its remedy. And if no other good than this results to mankind from the science of Psychometry, its discoverer must stand forth as one of the greatest benefactors of the age. As the evil has its origin from the contact of families with *nervaurous* substances, left by witches, or by those inheriting their dispositions, so the remedy is to destroy all relics and property descended from such ancestors, and to procure a new supply from family connections of opposite habits.

We are admonished, by rapidly approaching limits, that the *spell* must be broken, and our readers denied a further acquaintance with the worder-workings of the *witch-doctor;* but before actually closing the great book before us, we can not frain from copying another incident which will go far to establish the reputation of old Billy as a skillful physician.

The wife of Sammy ———, who lived a half-mile from Old Billy, had been very ill for six or eight years. "The more doctor's stuff she took, the worse she got," and for three or four years had scarcely ever risen from her bed. Sammy, being greatly discouraged, at last applied to Old Billy, who assured him he could cure her, if his directions were followed. He promised obedience, and Billy prescribed his remedy, prefacing it, however, with some explanations. "You know, Sammy," said Billy, in a sympathizing tone of voice, "that she is very weak from taking medicine. The doctors never can cure her, as they do not understand her complaint. She needs exciting applications to her skin, to make her blood circulate better. That is all she needs. But she is too feeble to bear them herself. I can give you simple remedies that will make her mend slowly, but as you need her help now, in cutting your harvest, if you wish it, I can cure her in a day or two."

As Sammy was a poor man, and could not afford to lose time, he agreed to

adopt the shortest process. "Then," continued Billy, "I will apply the stimulants to your horse, and form such a *magic connection* between the animal and you wife, that while the stimulants are applied only to him, she shall have all the benefit of them, and be able to jump and run like a person in health. So, now, go over home, and bring her here in your wagon; but be sure to hold a tight rein as you drive over yonder bunch of witch-hazel bushes. Do not go around them, but over them, and hitch the horse to that sapling this side of them, and wait for me."

Sammy did as directed, and was soon on the way to Billy's, in his wooden wheeled wagon, with his wife lying in it, upon a bed, and propped up by pillows. But no sooner did the horse step into the witch-hazels, than he began to rear, plunge, and kick, at such a furious rate, that the lives of all were endangered. The wife, panic-stricken, sprang from the wagon and ran homewards, like a deer, leaving Sammy to contend with the terror-stricken horse. The animal had disturbed a hornet's nest, as Billy intended it should, and hundreds of the hornets instantly commenced stinging the poor brute. Fortunately, so intimate was the *sympathetic connection*, established by Old Billy, between the horse and Sammy's wife, that she at once felt, thrilling through her own system, the exhilarating effects of the stimulants applied to his hide; and, animated with new life, effected the journey home with but little fatigue. Surprised to find herself so much improved by this one prescription, she commenced working and regained her health without repeating the experiment. This single case affords the key to Billy's great success in curing such cases of debility.

Perhaps our readers would like to know the fate of the *witch-doctor*, and also, that of his illustrious ancestor, the discoverer of the Laws of Antagonism. We shall not tell them; the curtain must here drop, and those who seek further information must consult the work itself.

We would willingly have followed the *thread* of the work before us, instead of giving detached fragments, but our limits would not allow of further extracts or comments; but we have probably given a sufficient insight into the work to reveal its character and objects. The author designs to expose, by quoting their own folly and extravagances, the great mass of absurdities which have been thrust upon us by itinerant mountebanks, and deluded, though perhaps, honest persons of various ranks. The pretensions of the *witch-doctor*, and his illustrious ancestor, (the discoverer of the Law of Antagonisms) exhibit such a remarkable parallelism to the modern psychometric and mesmeric school, that one cannot fail to perceive the deceptive character of the latter, no less than the groundless pretensions of the former.

The book, take it all together, is a most interesting and instructive volume; it not only enchains the attention of the

reader, by the interesting romance which so ingeniously runs through the entire volume, but it is at the same time highly *instructive*, for the author furnishes a clear and full account of seven of the modern *isms* which cannot be as readily learned elsewhere. The style, too, is correct, plain and agreeable; and through the whole runs a quiet humor, and a lively sarcasm, which render it not only an instructive but also a most *readable* book.

To our own profession we have a word to say. No branch of society suffers more annoyance and injury by the ultra-isms of the "Imaginative Philosophers" than the medical profession. Superstition seems to have a peculiar affinity for medicine, and nearly all of these so-called sciences take ground in opposition to our profession, and their direct influence is to unsettle public confidence. It becomes our duty, as well as interest, to do all in our power to unmask the deceptions of every grade of humbug; and thus, by averting a positive evil, and exploring an actual deception, we render important services to an over-credulous community, and, at the same time, save ourselves much annoyance and injury.

We are decidedly of opinion that the history of the "Imaginative Philosophers" (a title which fully expresses their true character) which is now before us, is calculated to do much good in the community; and we believe that physicians will be greatly subserving their own interests, no less than contributing to the welfare of their fellow beings, by promoting the circulation of the "*Witch-Doctor*."

For sale in this city by Messrs. J. A. & U. P. James, 169 Walnut street.

ART. X.—*The Elements of Materia Medica and Therapeutics.* By JONATHAN PAREIRA, M. D., F. R. S. and L. S. Third American edition enlarged and improved by the author. Including notices of most of the medicinal substances in use in the civilized world, and forming an Encyclopædia of Materia Medica. Edited by JOSEPH CARSON, M. D., Professor of Materia Medica and Pharmacy in the University of Pennsylvania. Vol. I. Philadelphia: Blanchard and Lea. 1852. pp. 838.

The present edition of Pareira's valuable treatise on Materia Medica, has been prepared by the distinguished author expressly for the American "market." Thus it seems our English brethren are quite willing to supply our "market" with new editions of their books, when the publishers, as in the present instance will pay for the labor. The great value of this treatise on materia medica and therapeutics is familiar to all our readers; it is, indeed, an *Encyclopædia*, comprehending nearly every thing which relates to the subjects properly coming within its range. It is, however, too ponderous for an ordinary *text-book*; but to the teacher and practitioner, it posesses the highest value as a work for reference.

The present edition has been revised and corrected, by both author and editor, and may be regarded as being fully brought up to the present state of that department. The *second* volume we are informed by the publishers, will appear in July or August next. For sale by H. W. Derby & Co.

PART III.

FOREIGN SUMMARY.

1.—*Ecclampsia, and its relations to Albuminuria in Lying-in Women.* (*Academy of Medicine Paris.*)

M. Depaul read a note on a case of ecclampsia, and submitted observations, of which the following were the conclusions:—

1. Convulsions, of an epileptic character, are rarely seen in the first four months of pregnancy. The case related is therefore interesting, as having occurred at the end of three months, in a person who previously had not been subject to epilepsy or any other nervous affection.

2. It is erroneous to state that the prognosis of ecclampsia is more favorable in proportion as gestation is less advanced, or according as labor, if it have commenced, is distant from its termination.

3. This opinion is founded upon an inference not drawn from facts, viz., that the paramount indication of treatment is depletion of the uterus.

4. The dangers which threatens the fœtus consist in the modifications which the maternal blood undergoes, and in the disturbance of the uterine circulation; the death of the fœtus not unfrequently occurs in the course of a convulsive paroxysm. The fœtus resists the causes of destruction more certainly [illegible] earlier than in later months when it is nearer to its [illegible]

[illegible] of these cases is full general deple-

[illegible] nance, smallness of the pulse, [illegible] in the urine, are contra-indica-

[illegible] ly met with in pregnancy

8. Without denying the possibility of nephritis in a pregnant woman, the presence of albumen in the urine must generally be regarded merely as a functional derangement. This is confirmed by the result of autopsies.

9. This albuminuria cannot be regarded as the cause of the convulsion, since the latter has often preceded the former.—*London Medical Gazette.*

2.—*Traumatic Tetanus successfully treated by Frictions with Chloroform.* By Dr. Morisseau, Physician to the District Hospital at La Fleche (Barthe).

The patient was about forty years old, a man of good constitution. Eight days before admission he had slightly wounded himself on the front of his leg, while at work, with his pick-axe. The trifling wound had healed by the fifth day. On the sixth day tetanic symptoms manifested themselves.

The patient was at first treated at home, but the disease advancing he was removed to the hospital. When first seen by Dr. Morrisseau the tetanus was fully developed; there was persistent contraction of the muscles of the jaw, of the chest, abdomen, and back; the body was bent double every hour; deglutition impossible. The pulse small and slow; nothing particular was observable of other functions.

Friction was performed with four grammes (one drachm) of chloroform. This quantity was repeated three times during the day. The patient was placed in an acidulated vapor bath.

On the following day a considerable improvement had taken place. The patient had perspired freely; he had slept well, which he had not done before, since the commencement of the attack. He had swallowed a few spoonsfuls of liquid; the muscles were less rigid; convulsions shorter and less frequent.

The dose of chloroform was increased to twenty grammes, three times a day. This treatment was continued for five days with the best results; all the symptoms had disappeared on the sixth day. A sense of lassitude and debility alone remained, and these soon disappeared under suitable diet.

The Editor of *L'Union Medicale* adds to the above, the following, taken from the *Gazetta Medica Lombarda*:—A laborer, twenty-eight years of age, was seized with tetanus

two days after having lain on damp ground whilst he was in a perspiration. The patient was immediately subjected to treatment usually adopted there, and which consists in frequent venesection. He was bled eight times in four days, once to the amount of twenty ounces; about a hundred leeches were applied to the parts that were painful, and other ordinary means were adopted. On the sixth day the patient was in a very serious state, when M. Tibaldi had recourse to frictions with ether in order to calm the muscular contractions. Two frictions were practised on the loins; venesection, and half a grain of acetate of morphia was given. Wherever friction was applied the action of the muscles was moderated. On the following day another bleeding to ten ounces, and frictions with ether on the neck and back. On the third day of this treatment the patient could sit upright. In two or three days more the patient was convalescent.—*Ibid.*

3.—*New form of Leucorrhœa.*

Dr. Barnes, of London, (Lecturer on Obstetrics at the Western General Infirmary), has described what he regards as a new form of leucorrhœa, which seemed to arise from inflammation of the vagina, and perhaps of the cervix uteri, *as a consequence of scarlatina.* In a subsequent paper, Dr. Barnes adds the following:

Since then a case has come under my observation, which bears out this proposition also. On May 6th, 1851, a child six years old was brought to me at the Western General Dispensary, suffering from profuse purulent discharge from the vagina, excoriations of the labia resulting from the acrimony of the discharge, and inflammation extending up the vagina. Two months previously the child had small-pox. When convalescent she complained of acute pain, especially on sitting down; this led to an examination by a woman who had charge of her, when the inflammatory condition described was first seen. Close inquiry could discover no other cause of the vaginitis than the small-pox: no discharge had been observed previously to its accession. Little doubt can exis- that the vaginitis took its origin, or persisted on the decline of the variolous attack, and had been overlooked until excoriation had occasioned pain.

By the use of a lotion of nitrate of silver twice a day, and

frequent ablution, the inflammation was subdued in about ten days.

Because hitherto unnoticed it ought not to be concluded that such cases are rare and exceptional. Another form of the disease, in which the inflammation of the vagina assumes such severity as to become the all-absorbing feature, has been described by several authors. Dr. Macintosh has observed ulceration and gangrenous inflammation of the vagina after measles. Dugès describes an epidemic, which occurred at the Hôpital des Enfans Malades, characterised by the same circumstances. Professor Ferguson recently recorded several cases of occlusion of the vagina from ulceration after measles. Something unusual in the character of the prevailing epidemic, or in the constitution of the patient, must be present to lead to such formidable results; but the milder form of rubeolar, scarlatinal, and varioloid vaginitis, to which I wish to draw attention, is perhaps far from infrequent in ordinary epidemics; and if not entailing consequences fatal or even grave, may yet be attended with consequences of no trifling concern to the patient or to others.

I again insist that the true origin of leucorrhœa arising in this manner may be overlooked, and mistaken for blennórrhagia, and thus serve as a foundation for false accusations of criminal violence. It may also be the starting point of persistent leucorrhœa, and lead to confirmed inflammation and hypertrophy of the cervix uteri. The etiological error may be avoided, and the disease readily subdued, if early detected.

I therefore think that I am justified in proposing a rule to be observed in practice, viz.—in all cases of exanthematous fevers occurring in females, to institute strict investigation into the state of the vaginal canal, especially at the period of decline of the febrile symptoms.—*Ibid.*

4.—*Prophylactic influence of Belladonna in Scarlatina.*

Conceiving that no means for arresting the disease ought to be neglected, and that a favorable opportunity now offered itself for testing the alleged prophylactic virtue of belladonna, I determined to give it a full and fair trial. Accordingly, on the 21st of February, upon the appearance of a second case of scarlet fever, the fifth part of a grain of the extract was given, morning and evening, to each of the boys. The dose

was found, in a few days, to be too large, from the dilated state of the pupil and impaired vision which it occasioned in several instances. It was accordingly diminished, and then administered, without interruption, to all the boys who continued well, until the 7th day of June,—a full month after the last case of scarlet fever had occurred. It is important to remark, that the second case already referred to had been in the sick-room, separated from the rest of the boys, for more than a week before the symptoms of scarlet fever appeared, and that no additional case occurred until the 21st of March, an entire month after the belladonna had been regularly administered. There was thus ample time for the manifestation of its virtue as a prophylactic; but the subsequent occurrence of so many cases seems to throw considerable dubiety over the existence of any such power. No experience of a merely negative character can be regarded as of much weight, when contrasted with this positive experience now detailed. It is by no means unusual to meet with only two or three cases of scarlet fever, in a large assemblage of children, without the belladonna having been used at all; and, therefore, we are not called upon to give it the credit of securing a similar exemption in cases where it has been administered; but, surely, the occurrence of twenty-three cases out of fifty-four boys, who might be legitimately reckoned liable to the disease, is an overwhelming evidence on the opposite side.

Possibly, the administration of the drug may be useful in some cases, by inspiring confidence, and so indirectly fortifying the system against contagion; but we cannot divest ourselves of the impression, that the continued use of a narcotic for weeks together, even in small doses, must be prejudicial to health, and that thus, while failing to defend the individual against infection, it may render him less able to cope with the disease when it really comes. Certainly, a large proportion of the boys who took the belladonna, seemed to have more or less furring of the tongue, impairment of appetite, and other evidences of slight indisposition.—*Edinburgh Monthly Jour.*

PART IV.

EDITORIAL DEPARTMENT.

TO OUR PATRONS AND READERS.

With the present number of our Journal we commence the thirteenth volume; and with it beg leave to offer the compliments of the New Year to our kind friends and patrons; hoping that prosperity, professional and personal, may ever be theirs. While we do this we thank them for their liberal patronage and support extended to us heretofore. It gives us pleasure also to be able to state that at no time since the establishment of the Lancet has it been on so firm a footing as at the present, as evinced by a subscription list larger than at any time previous; together with a more rapid and steady increase. The prompt manner in which the great majority of our subscribers have responded to the call of our publisher for the amount of their subscription, assures us that our exertions have met, in a reasonable degree at least, with their approval.

In reviewing the labors of the past year, we congratulate ourselves that with all our imperfections we have been instrumental in some degree in placing before our readers valuable matter; and in this way contributed something toward the purposes of that noble profession which we love and prize above all personal considerations. If in any case we have felt called upon to speak freely, we trust, if we know our own feelings, we have not been in any case influenced by any other motives than the good of our profession. If we have ever transcended what was necessary for this, we are willing to apologize to all who may have felt injured by our remarks.

In entering upon the new volume we renew our pledge to make our Journal at least equal to its predecessors; while at the same time a performance of what we promise will undoubtedly be more meritorious than to raise expectations.

Our facilities for obtaining Original communications and Reports, are increasing; and we feel assured that ample provision is secured in this department, that will be found of interest.

The department of Reviews and Notices will be as heretofore, with an abundance of material in prospect; and we shall endeavor to exercise impartiality and candor toward authors and readers.

The matter from which to select our Foreign and Domestic Summary is large; embracing all our American, and a large number of European journals, English, French and German, from which materials of interest will be drawn.

The Editorial Department will be independent and devoted to such subjects as we conceive to be of interest to the profession, bearing in mind that the course of progress in medicine should ever receive support from journals devoted to its best interests.

Professional News will not be overlooked, while gossip and personal differences will be passed by unheeded.

With these professions and expectations on our part, we will commence the new volume and the new year, hoping that our intercourse will be mutually pleasant and profitable to us all.

REQUISITES FOR GRADUATION.

As the present is the season for teaching in our medical schools, the fact is suggestive of their position, privileges, and responsibilities, in reference to granting degrees, and admitting to fellowship with the profession such as may seem right in the opinion of the professors. We are not of those who are determined to find fault with every thing that pertains to our medical affairs, and endeavor precipitately to subvert the present order of things. This power of admitting new members to our profession, is, under the present arrangement of things, confided to the teachers in our medical schools. We have given to them by legislative enactment the privilege of guarding the portals of the profession, and saying to us who are, and who are not entitled to an equality with us in professional intercourse. Their decision is binding upon us in

reference to our relations with those admitted by them; and those thus admitted have a right to claim us as brethren of a common profession, and we in turn are bound to recognize them in the bonds of fraternal consideration. This being the case, is it not a matter of some importance to us that the doors be well guarded and that none are admitted who are unworthy? Have we not delegated to our teachers a delicate and important duty? And have we not a right to enquire into the manner in which this function is exercised? These questions must be answered in the affirmative, we think, without a dissenting voice. The rivulets through which the schools are supplied are numerous, and often obscure; and the springs from which they have their origin cannot always be well guarded. If this could be the case, the responsibility of the schools in licensing would be much diminished. Under the present order, it is to a great extent to them that we must look for care in reference to the material of which the profession is to be composed. It is therefore of vital consequence that our medical schools should be in careful and judicious hands, and that the utmost vigilance and firmness be exercised, so that the unworthy be excluded.

We may differ as to the amount of Greek and Latin which is necessary preparatory to entering on the medical course of studies, but on the most essential points but little difference can exist. In the present state of our country, it may be impossible that all shall have the advantages of a thorough collegiate education, while no one will deny that the more perfect the preliminary education is, all other things being equal, the better is the student qualified for entering on the duties of his profession with credit to himself and to his calling, and with benefit to community. A reasonable preliminary education should be required; all should *at least* be able to read and write their mother tongue correctly, which is more than some who are now admitted to our ranks can do. Much more ought to be required, but on no account should a young man be sent forth with the honors of a medical institution, without being able to sustain himself in an examination relating to a good English education. We fear, yes we know, there is too much laxity in this respect; many are thrust upon us who have not education sufficient to be creditable to a mechanic, let alone that which should belong to those entering a learned profession.

Medical qualifications should be closely scaned, and a false sympathy for the candidate never be allowed to prevail over the obligations which are due to the profession and to the community. Better, far better to send a young man back to his preceptor and to another course of lectures, or else compel him to retrace his steps and seek some other employment more in accordance with his capabilities, than to send him forth into the world to take upon himself the fearful responsibility of dealing with human life and happiness. Too much cannot be said and insisted on in this respect, and yet there is another point equally important which has not been often alluded to, and that is the *moral qualifications* of those who seek admission into our profession. No matter what may be the ability and knowledge of a candidate, he should not be allowed to enter unless reasonable evidence can be produced of his having sustained a good moral character. The position in which we are placed in community, demand that this stand should be taken; that our profession will not admit any but the sober, temperate, and virtuous to practice its benevolent calling. The physician is admitted into families confiding not only upon his professional skill, but upon his conscientious exertion of it under all circumstances. He is presumed also to be reliable in reference to family secrets, and to communicate nothing in reference to the affairs of his patients unless drawn from him by legal compulsion. The relation on the one hand is that of confidence and dependence, while on the other it should be one of scrupulous faithfulness and devotion to the best interest of those who entrust themselves to his honor and ability. A man who is defective in sound moral principle, will also be found wanting in honesty and fair dealing towards his profession. He will view it simply in the light of a trade, by which he can accomplish his purposes without regard to the interests and welfare of the cause in which he is engaged; and the first time he thinks it to his interest to embrace quackery he will do so. It is important, particularly at this time, to be guarded on this point, for how many do we see every day who have obtained admission into our profession simply for the purpose of getting a position of greater influence from which they can more effectually practice their dishonest deceptions upon community. In this connection it has occurred to us that there would be a propriety in exacting of every candidate before his examination, a

declaration or affirmation, having the force of a sacred pledge or oath to be true to the best interests of the profession, and to abide by its acknowledged code of ethics, without any evasion or mental reservation. In this way we think the dividing line between quacks and honest medical practitioners might be drawn broader and deeper. It may be said that this obligation might be unhesitatingly taken, and broken as easily; because quacks are made of such materials as disregard all responsibilities of this kind. We admit that quacks are far from being gentlemen or honest men, and that they might not be restrained by any form of obligation. Yet we think the obloquy of violating a solemn vow or promise could be appreciated by the public, and it would serve to show in some considerable degree the moral restraint, or rather the want of it, which this class of renegades possess.

We feel assured also that teachers might do much in the course of their instructions to instil into the minds of their students high and noble principles of action, that would be disseminated and take root, and bring forth an abundant harvest. They are under obligation to the profession to do this, and the position they occupy demands it in the most imperative manner. The student would drink in correct principles of ethics in this way, along with knowledge; and the most pleasant reminisences of after life would be in looking back at the time spent in attendance on lectures, and the circumstances accompanying his initiation into the profession. We would be glad to hear an expression from the journals on this subject.

THE MEDICO-RELIGIOUS ORGAN—"MONSIEUR TONSON COME AGAIN."

The editor of the *Western Christian Advocate*, true to his instincts, has issued his *fourth* medical phillipic, which has been narrowed down *this* time mainly to villifying our senior editor. This abuse, however, we can very well afford; for a man who can, with the same pen, write homilies on religious subjects, and eulogize a renegade homœopathic brother, is at perfect liberty to abuse us so long as the venom will flow from his pen. Our only regret is that his labors are not directed in their appropriate and legitimate channel.

We have no disposition to make a formal reply to the missive

now before us, for the reason that it does not deserve it; and as we have, hitherto fully exposed the fallacies put forth by the *Advocate*, there is no need now of re-stating our arguments. It is proper to remark, however, that the *proof* (*!*) which the Advocate so exultingly parades to sustain the charge of opposition to the measure because it was of *Methodist* origin, is, like all of the editor's statements on this subject, wholly worthless. We have before said, and now reiterate, that we *do* protest against religious denominations entering into the vortex of medical politics; and this opinion is based on the sincere conviction that such a course would involve the churches in local quarrels, altogether foreign to their duties or interests, and which must seriously injure the cause of religion and morals, without conferring any benefit on the medical profession, or doing any thing for it which could not be accomplished in a more direct and appropriate manner. And we still believe, that ministers of *any* denomination lower their dignity, and hazard their usefulness, when they allow themselves to become the agents for transactions which can have no possible connection with their legitimate functions. But we do not object to this course on the part of *Methodists*, more than we would had Presbyterians, or any other denomination, made a similar attempt.

The *Advocate* alleges, however, that other denominations *have* done the same thing, and as we have not condemned *them*, therefore our opposition is directed alone against *Methodism!* And as conclusive evidence on this subject, reference is made to a number of literary institutions, controlled by religious denominations, which have medical departments. It is true that a number of medical schools have been organized under the charters of literary institutions controlled by different churches; but let us ask this question: did those religious denominations *desire* such medical departments, and did they appoint special agents to enter into an active warfare to accomplish their purposes, without reference to the interests of the profession, or the rights of others? Certainly they did no such thing; on the contrary, it was the *medical profession* which sought to establish the schools, while the literary institutions merely *permitted* them to use their charters for the purpose of conferring degrees! There is no kind of analogy between the examples named, and we are astonished that the Advocate should attempt to play off such a piece of shallow sophistry if not duplicity.

In glancing over the article before us, we *do* find *one* new idea—the editor claims to be one of the *owners* of the Medical College of Ohio. We are inclined to question the correctness of his claim. If we remember correctly, he has been "imported" within the last few years from the neighboring state of Indiana, so that he has not done much either to build up or sustain our state institutions. At least we think he has not done much to *sustain* the Medical College of Ohio; for, if we are not mistaken, his paper has contained numerous appeals to his *church* to sustain the medical department of the Indiana Asbury University, while he has remained silent in regard to this school, until his recent outbreak. This is the course pursued by an "imported" editor, and it affords ample ground to contest his claims to *ownership* in the Medical College.

We trust that the editor of the Advocate has so far ejected his venom, that he can hereafter pursue his legitimate function of discussing the subjects of religion and morality, and that he will no longer prostitute the important and useful paper, which has been committed to his care, to the base purposes of attacking scientific institutions. For our own part, we have sought no controversy with him; but, notwithstanding our desire to pursue uninterrupted scientific investigations, it became an imperious duty to repel the violent assaults made upon ourselves and the institution with which we are connected. In the course of our editorial career, (now numbering ten years), we have had but few controversies of an unpleasant character; and we can truly say, that in no instance have we ever encountered a controversialist so bitter, unfair, and unscrupulous as the editor of the Advocate. This has been to us the more marked and painful, because we had a right, judging from the editor's position and professions, to expect a fair, liberal and candid course; but instead of realizing these reasonable expectations, we have encountered an opponent bitter in denunciations and uncompromising in hostility. Such an opponent, while he deceives the expectations which grow out of his professions, leaves nothing to hope in regard to a secession from the errors he has propagated, or a reparation of the individual and public wrong he may have committed.

We have only to add the following summary:

1. It is false that we have attacked the Methodist Church.

2. It is false that our alleged respect for the Methodist Church is insincere.

3. It is false that we opposed the Wesleyan bill, because it was of Methodist origin.

4. It is false that we are opposed to the Oho Wesleyan University establishing a medical department in this city.

5. It is false that the Hospital privileges were refused under the influence of a sectarian appeal.

PRIMARY MEDICAL SCHOOLS.

Dr. Frank A. Ramsey, of Knoxville, East Tennessee, has issued an *Announcement* for the establishment of a *Primary Medical School.* The object of such an institution will be to afford the necessary facilities for medical instruction during the interval between the courses of lectures in the regular schools; thus supplying an obvious deficiency in *private pupilage*, which is universally felt and acknowledged, though but seldom remedied.

We fully concur in the following remarks contained in the Announcement before us:

"The discussions of the subject of Medical Education, by the members of the Association, have produced the impression that though in some particulars the chartered Medical Colleges may be improved,—yet the great root of defective qualifications in those whom they diplomate, is the want of ability to appropriate facilities which are intended for students well grounded in the rudiments of medical acquirements. And it is believed that this inability proceeds wholly from inefficient primary instruction, resulting, not from incompetency on the part of private preceptors, but from disinclination, growing out of an absence of that peculiar stimulant to inclination and energy, pecuniary interest."

It cannot be doubted that the greatest defects of our present system of medical education, relates to the want of regular, efficient and extensive *private* instruction. Pupils spend about two-thirds of their time out of medical colleges, and if that time be not well employed, their course of instruction will fail to place them in that advanced position which all should occupy. There are some departments, indeed, that cannot be taught in a public class; and it is only by the advantages of *private* tuition that the deficiency can be supplied. We hope to see the time when private instruction will assume its proper degree of importance, and medical students learn that an attendance on two terms of lectures,

and a course of desultory reading during the interim, are *not* sufficient to impart even the *elements* of medical education.

We cordially commend Dr. Ramsay's proposal, and doubt not that it will meet with general favor. His class will be formed on the 15th of February next; and the terms will be fifty dollars for nine months.

EPIDEMICS OF OHIO, INDIANA AND MICHIGAN.

The undersigned would respectfully and earnestly call the attention of the readers of the Lancet to a circular issued by him, and published in this journal for July 1851. The object is to get all the information possible on the subjects to which attention is called, and *every* reader of the Lancet *can* contribute something. If the information furnished should even be of a negative character, and that no epidemic diseases have prevailed in certain portions of the district named, it will be of interest. We hope to receive the aid of the brethren in the report which is proposed to be made, so as to make it as perfect as possible; and it is only by combined action that this can be done.

We should have mentioned previously that Z. PITCHER, M. D. of Detroit, Michigan, and R. J. PATTERSON, M. D. of Indianapolis, are members of this committee, and to whom communications may be addressed, by the 1st of March, or to the chairman at Cincinnati.

GEO. MENDENHALL, M. D.,
Chairman of the Committee on Epidemics for Ohio, Indiana and Michigan, of Am. Med. Association.

HIGHLAND COUNTY (O.) MEDICAL SOCIETY.

We have been favored with an abstract of the proceedings of the above society, which evinces the right kind of medical spirit. The members show a commendable zeal in accumulating facts and materials for mutual improvement; while a record is made of the different diseases occurring within their limits, from which an interesting medical history may at some future time be written. A committee was also appointed (Dr. Sams) to collate and condense from reports made an account of the epidemics with which they have been visited, for the use of the Committee of the Am. Med. Association on the epidemics of Ohio, Indiana and Michigan. If every county in these states had an organization of this kind and pursued this course, the committee would be able to make a full aad satisfactory report of the condition of health and disease within its assigned district. We commend the example of the Highland County Med. Society to the medical men of every county, not only in these states, but in every state in the Union. It is only by the general adoption of this course that any thing like a satisfactory report can ever be odtained.

RESIGNATION.

We understand that Profs. C. W. Wright and J. Sidney Skinner have resigned their respective chairs in the Cincinnati College of Medicine and Surgery, to take effect at the close of the present session.

TO CORRESPONDENTS.

We ask the indulgence of our correspondents, and hope they will not become impatient if they do not always find their communications appearing in the pages of the Lancet as early as they may wish. Sometimes we have numerous communications on hand, which is necessary shall take their turn; while at the same time in many instances *short* articles appear earlier in making up a variety than they could if more lengthy. We do not wish to cramp our contributors, but would suggest that short, perspicuous, and pointed articles can generally appear earlier, and will be more generally read than if they occupy much length, unless upon a subject of unusual interest.

VACANCY IN THE CHAIR OF CHEMISTRY IN THE CINCINNATI COLLEGE OF MEDICINE AND SURGERY.

We are requested to state that applications will be received by Prof, Baker on behalf of the board of trustees for the above position which has been redered vacant by the resignation of Prof. Wright.

OBITUARY.—DEATH OF DR. DAVID M'CLAVE.

By a communication received from a correspondent, Dr. J. E. Myers, of Goshen, Clermont Co. O., we have been informed of the decease of Dr. David M'Clave, from which we collate the following particulars. His death took place on the 26th of August last, near Blanchester, Clinton Co., where he had resided for some time, engaged in the practice of medicine. His disease was Dysentery, but complicated with previously existing chronic disease, by which his body was enfeebled, and thus rendered unable to resist attacks of an acute character. He was highly esteemed by those who knew him, and gave promise of an exalted degree of professional usefulness, from his habits of concientious and philosophical inquiry after truth, conjoined with an intellect of superior order.

A *post mortem* examination was had by his request, which showed extensive chronic inflammation of the pleura; in addition to which the peculiar pathological conditions usually found in advanced dysenteric cases were present. The case was one of much interest to those who were familiar with its history.

THE WESTERN LANCET.

VOL. XIII. CINCINNATI, FEBRUARY, 1852. No 2.

PART I.

ORIGINAL COMMUNICATIONS.

ART. I.—*An Essay read before the Memphis Medical Society, on Typhoid Pneumonia, or the disease so termed, which occurs in the South.* By THOMPSON MCGOWN, M. D.

Notwithstanding a correct and uniform nomenclature is desirable, I consider it a matter of no very great importance if the morbid condition, is correctly appreciated, and the proper treatment adopted. Unquestionably the best definition of the disease under consideration, as of all others, consists in a description of its several forms and modifications. Dr. Harden correctly remarks, that "disease, abstractly considered, is not an *entity* or *substantive* thing, possessed of distinct qualities or properties, by which it may be distinguished and arranged like the objects of natural history, but rather a mere mode or condition of the living organism, consisting in a certain change or series of changes in the solids and fluids; the external manifestations of which are the phenomena, whether vital, physical, mechanical, or chemical, presented during its continuance, or after the death of the individual subject of it. The difficulty, under which the nosologist labors, therefore. may be appreciated by reflecting that the classification of diseases is but a classification of *modes* or *conditions* of the living system, or more properly, perhaps, the *varying phenomena* connected with those *conditions*."

Though I am satisfied that no unexceptional *name* can be given to this disease, if required to give one, as suggestive of its nature, and to avoid misleading the uninformed, I should call it "*Acute cerebro-spinal irritation,** *implicating, in a greater or less degree the nerves which preside over the functions of the lungs, and consequently* a tendency to pulmonary congestion." It is, however, impossible to designate it correctly by a *name*, as nothing short of a *description* of it is calculated to give correct and satisfactory information with regard to this disease, which, though remarkable for its fatality—being an opprobrium to the profession, I have found one of the most corrigible, when the proper treatment is early resorted to. By some this disease has been termed *malignant pneumonia*, and in some localities it has been called *winter fever*, in others, *bilious pleurisy*; and in some places in which it has been ushered in by a protracted, very distressing chill, sometimes terminating fatally, it has received the appellation of *cold plague*. In consequence of the severe lancinating pain in the side, it is sometimes called by the country people, *side pleurisy*.

One writer has said there is nothing in a name, and essentially there is not, as "a rose may smell as sweet by any other name"—but this disease may be regarded as a woful exception to the remark; for its name, *typhoid pneumonia*, has induced those few authors who have noticed it, to associate it with the typhoid pneumonia of Ireland, and other portions of Europe, and the northern portion of our own country; and the treatment recommended by European and northern authors, in the form of disease observed by them, whether proper or not, is improper and fatal in the disease under consideration. Also, in consequence of the success of the lancet, tartar emetic and calomel, in open, acute, inflammatory pneumonia (and indeed this treatment, with some modifications, is recommended by European and our northern authors in typhoid pneumonia), it appears that when a disease is called *pneumonia*, these articles are at once associated with it in the minds of physicians; and, notwithstanding thousands succumb, it is remarkable what an influence it obtains amongst practitioners, from preconceived opinions, and from the influence of European and northern writers, who know little or

*I use the term "irritation" because it is fashionable, and I know of no other one which would be more likely to give a better idea of this morbid condition.

nothing of the affection called typhoid pneumonia, occurring in the southern and south-western states. Southern practitioners are culpable for thus blindly confounding diseases which are so different.

I am truly glad that this disease has attracted the profound attention of this society—and may we not hope that much good may result from a thorough analysis of it? True, we may reasonably expect that each one of us has brought a liberal share of preconceived opinions, which, according to our very nature, will be difficult to remove, however erroneous they may be. I trust however, that *facts* will be allowed their due influence. I will here take occasion to say that while the fatality from this disease is humiliating to the pride of our profession. I rejoice to observe that a few practitioners are beginning to appreciate, to some extent, the nature of this malady; and though they have only in part, as yet, appreciated the proper mode of treatment, we may hope, ere long, to see this subject universally understood, and thousands of the human family promptly saved from suffering and a premature grave. Having learned its nature and treatment from practical observation and experience (and I trust I may make this statement, humbly, and without being charged with egotism by this learned assembly), it affords me much pleasure to have an opportunity of making it known. And I trust my mode of treating it, will at least command the respectful consideration of my professional brethren, when I state that not a single case has proved fatal under this treatment. However, that we may dispose of our subject in order, we will defer detailing its treatment till we arrive at that topic in the systematic arrangement of this essay.

According to my experience this disease most frequently attacks adults, or those over twelve years of age, though younger persons are far from being exempt from it. Infants or very young children appear to possess the greatest immunity. On plantations, in some years, it is well known to be more particularly prevalent and fatal amongst the negroes; and it has been observed that they succumb more readily to it than the white population. This greater liability in them, doubtless, depends on their greater exposure in the latter winter months and early in the spring, when these are very wet. Old negroes, and indeed old persons generally, appear to succumb to it more readily than others. This however, is what we might expect from the true nature of this disease, and superadded to this the improper treatment that is generally adop-

ted. It is sometimes quite fatal, especially when it appears as an epidemic, or endemico-epidemic, and this is more particularly the case amongst very old persons. Sometimes it makes its appearance as an epidemic in certain districts, where it was previously scarcely known. It is more or less common in the winter and spring in many malarious districts, and occasionally appears in some that are but slightly so. For some seasons past, it has been more or less prevalent in the Tennessee river valley, in North Alabama. I have been informed that in 1846 and '47 it was extremely fatal in Decatur and its environs, some 150 or more persons falling victims to it.

As there has been some discussion on the subject of Diagnosis, I presume the members of the society will excuse me if I should be somewhat tedious and minute in endeavoring to describe this disease. According to my observation it makes its appearance in two ways:

First.—It more frequently manifests itself in the form of, or analogous to, an ordinary catarrh, or influenza; being attended with hoarseness, a short, dry, hacking cough, with usually but little, or not free expectoration, which is of a whitish appearance, rather dense or semi-fluid, and thrown off in small quantities at a time, which cohere together. Perhaps there is some slight, or more or less severe headache; a general sensation of dullness or uncomfortableness; appetite more or less impaired, with probably some slight feverishness once a day. There is more or less pain in some portion of the chest, or in the side, which is increased by the cough. This pain, according to my observation is nearly always in the right side of the chest, usually some two or three inches, less or more, from the right nipple, either above or below it, and rather towards the spine, and appears to be a kind of acute, intercostal neuralgia. It is more or less sharp and cutting, usually attended with some slight stricture of the chest.

The above condition may last for several days, a week or more, till the individual either begins to convalesce, or, perhaps what is much more common, suddenly becomes much worse; probably has a chill of greater or less severity, when the symptoms become identical, or analogous to the

Second Form of Attack.—This form, perhaps preceeded for a time by a dry, hacking cough, with some pain in the side, which is increased by the cough, makes its appearance pretty much like an attack of intermittent fever, the chill usually being more severe, with intense, almost insupportable, cutting pain, which appears to be on the outside of the chest,

or in the intercostal spaces; slight pressure causing it to be very excruciating, commonly in the right side, as before observed; and which is rendered much more severe and troublesome by the frequent hacking cough. Respiration is short, irregular, and frequent, with an occasional deep sigh; eyes usually watery, and somewhat injected; features, perhaps, somewhat contracted, and commonly more or less of a crimson hue, without that fullness they exhibit in inflammatory fever; at times, however, they are rather pale. In some cases, the tongue is clean, and redder than natural; in others, covered with a thin, whitish fur. There is usually considerable anxiety and restlessness, more or less headache, and, in some cases, pain in the back and extremities; nausea, unpleasant or heavy sensation in the stomach, or gastric distress and vomiting. The pulse is small, more or less increased in frequency, and yields to very gentle pressure, its powers of resistance being quite feeble. The prostration of the patient is usually considerable, the spirits more or less dejected; frequently some degree of delirium.

In those cases which are neglected for a time, or in which the usual improper antiphlogistic treatment is adopted, *rusty sputa* often soon appear; but in nearly all instances in which the proper treatment is early and promptly resorted to, they are not seen at all. I mean when the treatment is commenced at the onset of the disease. It may be expected that in many instances, more especially in the country, a physician will not be called sufficiently early to prevent the appearance of the rusty sputa.

After the chill is over, or even during the chilly sensations, and while the extremities are cool, the skin is apt to be dry, and about the trunk warm; but as the disease progresses, the temperature of the skin often varies, sometimes being warm and dry, of a natural temperature, cool and dry, or cool and moist, or even clammy.

After the chilly condition passes off, some degree of *reaction* comes on; the general surface becomes warm and dry, with, perhaps, some occasional moisture about the temples; the pulse becomes more full and resisting, but only so usually to a moderate degree. Subsequently, this febrile reaction may be observed to occur once a day, generally in the afternoon, preceded, in the forenoon usually, by coolness of the extremities; during this reaction, the cheeks are commonly somewhat flushed, in some instances one side being more so than the other.

In some cases, the pain in the side is scarcely perceptible; but the pulmonary congestion, oppression, or uneasiness in the chest, and difficult respiration, are considerable. These cases are attended with great prostration; a clammy sweat often ensues, and if the patient does not receive prompt and proper attention, the prostration and dyspnœa become more and more serious, and death may be reasonably feared. With regard to the pain in the side, by requesting the patient to place his hand on the spot where the intense pain is, especially soon after the attack, he will often feel for a time, and seem to experience some difficulty in ascertaining precisely where it is; in other words, it appears to be more or less diffused about the region where it is felt. In other cases, the pain is circumscribed and located, occupying a very small spot, perhaps not so large as a half dollar.

Duration.—If the proper treatment is adopted soon after the attack, it may be arrested in a day or two, even the severer attacks, or it may require several days, a week or more. When a case has lasted a day or two before the proper means have been resorted to, it may require from seven or eight to twelve days before convalescence will be perfect; or the case may be protracted to three or four weeks, or longer—more especially if the usual improper treatment is adopted—and then recover, or die.

Causes.—This disease usually occurs from January to April, being less frequent in April, and at times prevailing to some extent in December, and more especially at these times, if the weather is wet and variable. It is much more common in those damp or swampy situations where ague is endemic. Perhaps the same cause or causes which produce intermittent fever, modified by the season of the year, may, with propriety, be regarded as the cause of the disease under consideration. Every thing which has a tendency to debilitate the system, renders it more liable to be attacked with this disease; hence, those who have had the chills, remittent or congestive fever, the previous summer or autumn, are more likely to suffer with it. Exposure in cool or cold wet weather, and especially standing or walking for some time on cold, damp, or wet, muddy ground, in districts, and in seasons of the year when it usually prevails, are very likely to produce it. Under these circumstances, we need not be surprised that it is sometimes more common amongst the negroes, especially in the rich prairie lands, or low, swampy situations. Insufficient food and clothing, protracted, exhausting labor, or indeed any thing

else which has a tendency to weaken the system, may render it more liable to this disease.

Pathology.—It would seem that there can be no hesitation in referring the chief primary morbid impression to the cerebro-spinal region, to those parts from which nerves mainly arise, that are distributed to the thorax and its contents; these latter, therefore, not receiving a sufficient amount of nervous influence to carry on their functions normally, become congested or engorged, which, if not soon relieved, is succeeded by a low grade of inflammation. The lungs are not the only parts which suffer, as the pleura, heart, and stomach also participate, or suffer from the morbid impression above mentioned, in the cerebro-spinal region, from whence nerves originate that are distributed to them. As we might anticipate, from the intimate connection of the spinal and organic systems of nerves, the functions of the organs over which the latter principally preside, become impaired, and these organs, consequently, also participate in the morbid condition. So it will be perceived that, so far as the lungs are concerned, it is not primarily a *pneumonia*, or *inflammation* of the lungs, but a *congestion*, with impaired functions. The pleura and heart also at the same time suffer from congestion, but to a less extent; and as the disease progresses, like the lungs, may suffer from a low grade of inflammation and effusion. Of course the greater the primary morbid condition of the cerebro-spinal axis and the implication of the organic system of nerves, the greater will be the affection of the thoracic viscera, and the distress and prostration of the patient. If the disease lasts for some time, the lungs are apt to become *hepatised.* As this morbid condition of the lungs progresses from the lower to the upper portions, the air, to a greater or less extent, ceases to penetrate these; hence respiration is imperfectly performed, and increased in frequency. The bowels are, in most instances, easily irritated and inflamed to an injurious degree, by irritating or active cathartics, and tartar emetic.

Physical Signs.—Soon after the attack, the vesicular or respiratory murmur is feeble in the portions of the lungs most congested, and this feebleness increases as the lungs become more and more engorged, till hepatization takes place, when this sound of course entirely disappears. Bronchophony and thoracic vibration will also indicate this latter condition. Percussion elicits a dull sound, which becomes more and more so as the engorgement increases. I believe subcrepitant r mucous rhonchi may most commonly be heard in the

region of the larger bronchia, near the bifurcation of the trachea.

Treatment.—The treatment of course requires some modifications so as to adapt it to the mode and severity of the attack, and the stage of the disease. I will here mention, however, that quinine and opium are the principal remedies to be relied upon: and the earlier and more promptly they are given, the sooner will the disease be arrested.

In the first place, we will notice the treatment proper for the first form of attack, or that which makes its appearance similar to a bad cold or influenza. This form may be cured by four or five grains of quinine at a dose, given three or four times a day, with a sufficiency of laudanum or paregoric to control the cough and pain. When the first dose is given, if the bowels should be rather costive, a little rhubarb or jalap should be added, in sufficient amount to gently move the bowels; and these, if necessary, may be repeated every night or two. The opium necessary to be taken, usually prevents these articles from proving irritating cathartics; and here I will take occasion to remark, that it is better to give an ample dose of opium at once. If there should be much attendant feverishness or excitement, a few grains of calomel may be added to the rhubarb or jalap, with two grains of ipecac, but it should not be given more than once or twice, and if given the second time, after an interval of twenty-four or forty-eight hours. I believe, however, generally, it would be better to give no calomel at all. I have used with good effect, a mixture composed of Tinct. Opii Cam., Syr. Scillæ, Tinct. Sanguinar. Canad., Zinci Sulph. and water,* not neglecting, however, the use of quinine, and Tinct. Opii, when necessary. If the case is quite mild, this mixture alone may be sufficient to effect a cure; but in such cases it will sometimes be necessary to give an aperient at night, *pro-re-nata*, to which four or five grains of quinine may be profitably added. Indeed, unless the case is very mild, it will be advisable to give the quinine three or four times a day.

It is often the case, that the milder symptoms above noticed, are neglected till the case speedily assumes a violent form, analogous to a sudden primary attack, with little or no previous warning. We have already seen that when this is the case, the person attacked usually has a severe, distressing and more or less protracted chill, frequently attended with an

*See McGown on Diseases of the South, page 317.

intense, cutting, almost insupportable pain, as hertofore observed, usually in the right side, which is greatly increased by the attendant cough; or there is considerable stricture and oppression in the chest, with more or less uneasiness, heaviness, or pain in the stomach. Commonly an emetic should not be given, unless the individual is attacked soon after eating a hearty meal, in which case ipecac should be preferred. Soon after the emetic has caused the contents of the stomach to be thrown up—or, if it has not been necessary to give an emetic, I have in many instances, been in the habit of giving immediately, a dose composed of

℞ Tinct. Opii, from 45 drops to a teaspoonful;
Sulph. Quinine, from 8 to 10 grains;
Calomel, " 8 to 12 "
Jalap, " 6 to 8 " Mix.

If the chill is severe, a teaspoonful or two of sulphuric ether may be profitably given; and two or three teaspoonfuls poured on a handkerchief, held to the nose and mouth and inhaled, will give almost immediate relief. If, in the course of half an hour, or an hour, relief should not be obtained, the tinct. opii ought to be repeated in a dose of from thirty to fifty drops to an adult. If the first dose does not give relief (which, however, it rarely fails to do), the ether, or this last dose of tinct. opii will, almost invariably. The patient should be covered with two or three blankets, and if he desire it, hot rocks or irons applied to his feet.

After the chill passes off, as before observed, there is a greater or less degree of *reaction*, with a warm, dry, harsh skin. At this time, from half a dozen to a dozen ears of corn, just taken out of hot water and applied around the body and limbs of the patient, contributes to soften or moisten the skin and induce perspiration; and usually has a good effect, not only in effecting these, but in contributing to the relief of the pain and thoracic distress, as well as tending to relieve the febrile condition. If the patient desire it, he should be allowed small quantities of cold water, or ice, frequently repeated.

This disease having obtained the appellation of "*Pneumonia*," now is the time that practitioners resort to general and topical blood-letting—the frequent exhibition of tartar emetic, calomel, &c; all of which co-operate with the disease in prostrating, if not destroying the patient. In many cases the bowels are thus irritated and inflamed, and purging and gri-

ping induced; the rusty sputa are made to appear, which might never have occurred, if the proper course of treatment had been adopted.

The stage of reaction having passed, or been repressed with free doses of quinine and morphine, quinine should now be given four or five times a day, in doses of from four to six grains, with the mixture noticed on page 77. The ears of corn, just taken out of hot water, should be applied around the body occasionally, if the skin becomes harsh or warmer than natural, or even of the natural temperature, if it is dry, which is not unfrequently the case. If there is much pain at any time, it should be controlled by opiates; and it is better to give an ample dose at once, than to give small ones frequently repeated. It will usually be sufficient to procure one or two evacuations from the bowels every thirty-six hours; this may be done with jalap and rhubarb; or, if the case has been neglected for a time, and the pain in the side should be obstinate and located, remaining in one place, and greatly aggravated by pressure, a few grains ef calomel or blue mass should be added to the jalap and rhubarb. Jalap, when combined with opiates, seems to have a better effect than many other medicines of this class, because it tends to produce perspiration. Its irritating effects on the bowels are controlled by the opiates, or at least should be. The application of a cataplasm, or warm spirits of turpentine, between the upper portions of the scapulæ, or over the seat of pain, may be of some service, but should not be relied upon.

As the disease subsides, the quinine should be given in smaller doses, say three or four grains, three times a day, till convalescence is well established; after which, twice a day may suffice, or wine bitters may be used instead; but the cough mixture, heretofore noticed, or something similar, ought to be given *pro-re-nata*, till the cough entirely disappears; the dose being reduced somewhat, as the cough yields. During convalescence, if the system is much relaxed and debilitated, with occasional colliquative sweats, some of the ferruginous preparations should be given two or three times a day, either alone or with a little quinine, to which some corroborant should be added.

If a case of this disease be treated inefficiently, so that hepatization of the lungs take place, in addition to the treatment above recommended, five or six grains of blue mass, or three or four grains of calomel, every night, may be of service; taking care, however, to suspend the mercury before

salivation is induced; nor is it commonly advisable to continue its use for a longer time than six or eight days.

The *diet* should be moderately nourishing, of easy digestion, and taken in moderate quantities, principally consulting the inclinations of the patient, together with other appropriate considerations. If the patient has been much debilitated, it may be well to wear flannel next the skin the remainder of the season, or till warm weather; which is more imperative if his pursuits require much exposure.

Before closing this essay, I will remark that, in some cases where the individual is of a sanguine temperament, is athletic and more especially if he is recently from a more northern climate, and there is considerable determination to the head, with flushed cheeks, attended with some degree of febrile excitement, hot, dry skin, pain in the head, a venesection during the first stage of reaction may be of service; but it should not be resorted to when the extremities are cool, the pulse feeble, &c., even though there is pain in the head; as, under the latter circumstances, it is most likely to be of a nervous character. It is extremely rare, that a case occurs in this region of country which requires venesection. Should it be ventured upon in the kind of cases just mentioned above, it should be done with a wise caution; and quinine and morphine should be given freely, to support the vital powers, and guard against dangerous prostration. These cases, which to some extent simulate the inflammatory pneumonia, require that the bowels should be moved rather freely at the commencement, or during the early stage of the disease, after which, aperients will suffice. If there should be much determination to the brain, cold water applied to it, and to the back of the neck, will probably contribute to afford relief.

As the treatment here advocated is original, it may be agreeable to those interested to refer to some statements, by a writer of St. Mary's Parish, who, after alluding to the prevalence of this disease in that vicinity, says, in its management he considers no remedy equal to quinine. "In many cases, it acted like a charm, in lessening the frequency of the pulse, in diminishing the number of respirations, and sustaining the vital powers. Two or three of the first cases, in which I trusted too long to the antiphlogistic treatment, succumed; as soon as I made free use of quinine, conjoined with mercurials and opiates, the succeeding cases assumed a favorable aspect." Dr. Jones, of Irwington, Ga. writing to the Southern Medical Journal, says: "I am now very busily

engaged in treating an epidemic pneumonia. It is confined entirely to the districts and water courses where intermittent fever is most prevalent during autumn.

"The attack is sudden and violent, with great prostration of strength; rapid, feeble, and irregular pulse; the peculiar rusty sputa appear in a few hours. It will not bear well general depletion; large doses of quinine give almost certain relief."

In conclusion, Mr. President, and members of this society, though it has been said that it is useless to argue with a man who is over forty years old, yet, if the opinions, not only of the more venerable members, but of the younger ones, should be advere to mine, I hope they may be induced to re-investigate this disease, for I am well assured, from entire success, that the *treatment* (I adopt), is at least correct.

ART. II.—*Does an Acid Perspiration determine abscesses to the Skin?* By Jno. T. PLUMMER, M. D., of Richmond, Indiana.

It is perhaps too commonly the case, that opinions given forth in our medical journals (especially when those opinions are uttered by such as profess to be teachers), are adopted without examination; or, if adjudged to be erroneous, are allowed to pass without comment or denial. This is, I think, more particularly true of much of our American medical literature; the pages of some of the English periodicals are often enlivened by discussions interesting to the older, and instructive to the junior members of the profession. For conflicting views (to borrow a figure from Watts), when brought into contract, are like flint and steel; they elicit the sparks of truth, which otherwise would lie dormant.

These reflections arose while hesitating whether to notice what appears to me to be a false position of one of the professors in the "Cincinnati College of Medicine and Surgery." In vol. xii, p. 162, of the Western Lancet, he assumes the ground, that, as the secretion of the skin in a healthy condition has an acid reaction, it "would have a strong attraction for a fluid possessing opposite properties." * * "This," says he, "would appear to be the cause of abscesses tending toward the surface of the body." The correctness of this view has not, that I know of, been publicly called in question; and had not the doctrine been reiterated in a late number of

this journal, it would probably have still been allowed to pass unnoticed, as one of the flashes of an active imagination, which would soon be forgotten.

The reappearance of the same hypothesis at a considerably later date, implies that the author of it is willing to maintain it as his settled conviction. In his first article, he says the skin of a healthy person "is always bathed with a secretion which is acid in its reaction."

1. It cannot be denied, that with chloride of sodium and other salts, there sometimes occur in the sweat, lactic, acetic, and butyric acids; but to talk of the skin being "*bathed*" in an acid perspiration, partakes, surely, too much of the extravagancies of Munchausenism, for the sober realities of medicine; it hardly comports with the universally acknowledged term "*insensible* perspiration." For if this perspiration, salts, serum and all, is imperceptible in quantity, the accompanying acids must almost vanish into nothing. To conceive of such an inappreciable agent inviting a deep seated abscess to the surface, may excite a smile, but can hardly betray the mind into a grave enquiry of its probability.

2. Again, as Liebig says in a letter to Gay Lussac: "It has long been known that the *flesh* of recently killed animals, exhibits a perceptible *acid* reaction." In accordance with this is the language of Simon: "On making incisions into the warm flesh of an animal just killed, we obtain by pressure, an *acid* fluid," &c.; and in addition to this established fact, it is the judgment of Berzelius, that sweat contains the *same substances* as the acid fluid of flesh. Here, then, where an abscess is surrounded with a delicate cellular tissue, moistened with an acid, one would suppose there was more material for endosmotic action than on the skin, toward which, nevertheless, the abscess tends, in despite of the strong invitations to spread itself laterally.

3. But, thirdly, the perspiration is not always and everywhere acid in its reaction; it is decidedly *alkaline* (perceptible without concentration) in the axillæ; and here, as no one need be told, collections of pus are not unfrequently formed, and here they find an outlet. Other portions of the body, also, exhale alkaline sweat.

4. In the next place, the pus itself is not always alkaline; it is perhaps generally neutral, and at times *acid*. Schönlien found uric acid on the *surface* of some ulcers.

5. Abscesses often find vent spontaneously through membranes whose surfaces are literally bathed with an undeniably

alkaline fluid. Here we have pus on the one side of the membrane, and mucus on the other; two fluids so similar, that it is often difficult to distinguish them; and indeed the experiments of Eichholtz would go to show that mucin and pyin, the essential constituents of pus and mucus, are identical.

6. Abscesses in the neck, instead of yielding to any cuticular attractions, often find their way into the thoracic space, and abscesses everywhere travel according to circumstances, upward or downward, internally and externally, without regard to acids or alkalis.

7. According to our professor's doctrine, we should encourage the dermoid direction of the abscess, by acid application to the skin. This would be a legitimate deduction from his premises; but it is a practice few perhaps could be induced to adopt.

8. Finally, he is of opinion that the treatment usually pursued in determining abscesses toward the skin, is corroborative evidence of his explanation on the principles of endosmosis. I do not see how he arrives at this conclusion, nor can I reconcile his statements on opposite pages. On one side, he admits the importance, if not necessity, of evaporation to establish or facilitate endosmosis; on the other side, he recommends poultices, kept constantly moist, to favor that evaporation. How evaporation can be promoted, by covering the abscess with poultices (especially the Abernethy poultice of bread, water and lard or oil), spongio-plire, or the various resinous plasters and unctuous preparations resorted to, I do not understand. Our old-fashioned philosophy teaches us, that evaporation is best effected in a *dry* atmosphere, from an *uncovered* surface; aud if *his* principles of endosmosis were applicable to the progress of abscesses to the exterior, the mode of treatment now universally adopted, should be a mode of treatment universally eschewed.

ART. III.—*An account of an Epidemic Disease of Washington Co. Pa., as it appeared during the summer and autumn of* 1851. By B. F. LINDLY, M. D., of Amity, Washington Co. Pa.

During the latter part of the summer and autumn past (1851) a disease termed by most physicians epidemic dysentery, prevailed in Greene and the southern portion of Washington

counties, Penn. The fatality of this epidemic rendered it a terror to the inhabitants of this portion of the country, and an object of deep interest to the intelligent medical practitioner.

The first appearance of the disease was about the middle of July, in the form of a few sporadic cases. These cases exhibited the character of the disease, as it prevailed in the latter part of the epidemic, though in a mild or mitigated form. As the number of cases increased, the symptoms became more aggravated, the disease more malignant and fatal, and as the number of cases began to decrease, became milder and less fatal. Its greatest fatality being in the months of August and September.

Premonitory symptoms were in most cases slight or entirely unobserved. The first appearance of diseased action being violent and exhausting, diarrhœa accompanied in most cases by frequent vomiting. After the proper contents of the bowels were discharged, the evacutions resembled in many cases bloody serum, mixed with shreds of false membrane, or small masses of coagulated matter; and in no case was there any appearance of the scybala of authors. As the disease advanced to the third or fourth day, the discharges gradually lost their bloody appearance, assuming a lighter shade, having the appearance of turbid water in which was floating numerous small bodies of a gray appearance and flattened form, similar to the flocculent dejections of cholerine. These bodies gradually disappearing, and the fluid becoming still of a lighter color, approaching to the rice water discharge of cholera. The discharges varied in frequency from eight or ten, to fifty or sixty in twenty four hours. In a great proportion of cases there was an entire abcence of pain, the approach of the evacutions was indicated by an uneasy sensation, which was relieved by the discharge for a time, returning in proportion as the discharges were frequent or otherwise. In few cases was the tormina or tenesmus of true dysentery present. The dejections were large and exhausting, producing a sinking sensation and rapid prostration of the physical powers. The vomiting was a no less prominent symptom; at first the ordinary contents of the stomach were ejected, and as the process was continued, a thin whitish fluid mixed with the drinks of the patient. In some cases the liver was brought into action, and biliary matter discharged by vomiting. These cases proved to be the most favorable and yielded to medication, giving unmistaken evidence that hepatic derangement exerted an influence over the diseased action, and in all cases

in which the liver was not brought into action, the vomiting continued until the vital powers were exhausted and the patient sank. The sanguiferous system was much implicated; the pulse was quick and frequent, in most cases soft and easily compressible, in some instances as frequent as one hundred and fifty or sixty in a minute. If reaction from the first shock of the vital powers took place, as it did in most cases, the fever was an important symptom, assuming the continued form throughout the course of the disease, marked by a slight remission in the morning and exacerbation towards evening. The thirst in all cases was excessive, the tongue at first was coated with a whitish fur, but soon changed to a black incrustation, which remained until death took place, or convalescense began to be established, when it quickly disappeared, leaving the surface of a deep red color smooth and shining, apparently from the destruction of the nervous papilla, though some times they were left remaining erect and apparently elongated. The mental faculties were unimpaired, the patient manifesting an entire indifference about the result of the disease, or expressing a desire to die; when interrogated, answered correctly and with promptness, frequently conversing with surprising ease and fluency upon his business transactions or the ordinary topics of the day; and when the physical powers were too much exhausted to speak, would make his wishes known by signs. In the greater number of cases, the only pain complained of, was an obtuse pain or aching sensation in the lumbar region, and generally ceased within forty-eight hours after the attack.

Course of the Disease.—Several deaths occurred on the seventh day; in these cases reaction from the prostrating effects of the attack did not take place; the strength of the patient was rapidly exhausted by the excessive vomiting and diarrhœa, or perhaps some depressing agent acting on the nervous centres. There was something strikingly peculiar in the appearance of the patient, the face, hands and feet, were of a livid paleness, the features shrunk and impassive or singularly expressive of an alarm or amazement which the patient did not feel; the eyes often sunk in their sockets, though still clear and even bright, the skin contracted, and the fingers shriveled, the surface bathed in a cold sweat. Generally there was a feeling of epigastric weight or oppression with unquenchable thirst; the extremities gradually becoming cold, the pulse no longer perceptible at the wrist, and death soon closed his sufferings. If, however, the patient survived the

first attack, and did not fall into the collapsed stage of the disease as above described, a new train of symptoms supervened. The diarrhœa and vomiting became less frequent, the dejections were changed to a more natural appearance, or consisted of dark or vitiated bile. The fever now became a prominent feature in the case, assuming the continued form as before mentioned, marked in some cases by slight remissions, though the patient seldom complained of excessive heat; the pulse continued frequent and gradually lost its strength, the tongue became dry, and thickly coated with a dark fur, and dark sordes collected upon the teeth. Tenderness was sometimes discovered in the bowels on pressure, but by no means a characteristic symptom, swelling or tympanitis, seldom present even in the most advanced stage. Diarrhœa continued until the close of life in some cases, characterized by large discharges of apparently pure blood. Death in most cases appearing to take place as the result of exhaustion of the vital powers, rather that from the destruction or implication of any important organ.

The duration of the disease was not marked by any fixed rule or controlling influence; recoveries took place from three to eight weeks, and all intermediate periods, and that deaths were marked by the same irregularity.

Such is a brief and imperfect description of the disease which has prevailed in this section of country, under the simple name of dysentery, and yet when compared to that disease, is so far from being analogous to it, that it has few symptoms in common with it. The bloody dejections were all the symptoms that were characteristic of dysentery; and and in all cases, these were of a negative character. I will not deny that there were no cases that approached nearer to dysentery, than the description given; a few cases, particularly among children, were very near true dysentery, and might be so termed without violation of medical language. But a great majority of cases differed too widely to be so carelessly looked over. Instead of the lower portion of the bowels being implicated, it remained comparatively free from disease, in most cases. The diseased action was situated in the higher portion of the colon and ileum. But if we would get a true knowledge of the disease, we must go farther than the consideration of the discharges, which were a mere vague symptom only, or the sentinels that heralded the alarm of the depredations that the enemy was committing in the inner citadel.

The nervous system was evidently first implicated, or it

was there, that the disease appeared to make its first impression; the glandular system next showed signs of morbid action, the nervous influence necessary to enable it to discharge its proper functions being suspended, it ceased to act, or its action was of a morbid nature, that coincided with the irregular or deranged nervous action. The liver, the most important organ of the glandular system, was the first to show signs of disease; its action was suspended or of an unhealthy nature, secreting large quantities of vitiated bile, which in turn acted as a poison or source of irritation; the less important glands did not escape the general influence.

As a proof of the correctness of our position in every case in which the liver was brought into healthy action, the patient recovered.

How then are we to get a correct knowledge of the disease by studying the objective symptoms, or the suspended innervation; those who reason from cause to effect, will not be at a loss to determine. It was of a true epidemic origin, prevailing exclusively in the country among the farmers, and in no instance did it attack the inhabitants of towns and villages.

Treatment.—With regard to treatment, a diversity of opinnion prevailed, some treated it as dysentery, others as an enteric or typhoid fever. The more discriminating portion of the profession, treated the symptoms as they occurred without regard to name. A large proportion of deaths, occurred under all kinds of treatment; but by far the most successful treatment was the mercurial; large doses of calomel, twenty to thirty grains given at the commencement of the attack, quieted the vomiting and checked the diarrhœa; small doses of calomel or calomel and opium had no apparent influence, but large doses of calomel repeated once in twenty-four hours, diminished the frequency of the discharges, brought the liver into healthy action, and quieted the general nervous excitement, and in many cases evidently arrested the progress of the disease. And when thus arrested, the remaining symptoms were treated by their appropriate remedies, as they appeared in individual cases, and the disease by such treatment was disarmed of much of its fatality.

Art. IV.—*Rupture of the Urinary Bladder with recovery.* By D. M. McCann, M. D., Martinsburg, Ohio.

Rupture of the bladder has ever been considered a highly dangerous injury. Indeed, the annals of surgery furnish but

few instances of recovery, after it has occurred. Prof. Gross, in his new and valuable work, on "the diseases of the Urinary bladder" &c, says, that "laceration of the bladder is nearly always fatal, indeed, there are so far as I know only *two* cases of recovery from an injury of this kind upon record." There have been however, doubtless, other cases of recovery which have not come under the eye of Prof. Gross—some probably which have not been given to the profession.

Believing that the following case has some *points*, which will be of interest to my medical brethren, I solicit space through your valuable Journal to communicate it to the profession.

About the 5th of June last, I was called in great haste to visit Mr. T. C——. æt 50, of athletic frame, and robust constitution, who had just received the kick of a horse. The stroke being immediately over and above the os pubis. I found the man nearly in *articulo mortis*—profuse cold perspiration—cold extremities—nausea, with strong efforts to vomit—urgent and incessant desire to micturate, without being able to pass any urine—pulse being feeble and running over 100 beats to the minute—brain perfectly clear—occasional hiccough. I learned from the patient that his bladder was much distended with urine at the time of the injury. The hypogastric region was now flattened with no abrasion of surface. Unfortunately I had no catheter with me, and sent a messenger for one, while I gave a full dose of sulphate of morphia to allay the pain and irritability of the stomach; busying myself also by external stimulants, to bring about reaction. This occurred however, but slowly, as the sickness and efforts to vomit continued, though several doses of morphia had been administered.

Reaction however did take place, and before the catheter arrived, some four hours after the injury, he passed with much pain in the region of the bladder, about two ounces of bloody urine. A saline cathartic was given with morphia to allay pain and vomiting—warm fomentations over the abdomen of hops and vinegar, and the patient was left until the next morning; ordering enemata to be given if the bowels were not evacuated.

Here was clearly a case of rupture of the bladder. But at what point of the organ the laceration had taken place, I candidly confess I was unable to determine.

I left Mr. Harrison (my student) to pass the catheter not longer than three hours apart if he did not urinate that often.

The next day at an early hour I called to see Mr. C.—found him laboring under considerable febrile reaction—pain increasing in the abdomen—vomiting, despite the anodyne, still continuing—pulse small, wiry, and very quick—urgent thirst, complete inappetency, but had urinated a few ounces at a time of bloody urine—the abdomen some swollen, and tender to pressure. I continued the same treatment as before, and left. The patient having labored for many years with inguinal hernia, and having worn a truss, it was found necessary to leave off this instrument, because of the pain it induced by its pressure over an inflamed surface.

On the third day the patient was much worse. Abdominal viscera violently inflamed from the irritation of extravasated urine, and much distended; still obstinate constipation of the bowels, urinating every two or three hours small quantities of reddish colored urine. Venesection about twenty ounces; gave ol tiglii in place of the sulphas magnesia, otherwise continued the same treatment, urging upon the patient not to let his bladder become *distended with urine*, and in the event of his being unable to micturate, then Mr. H. was to pass the catheter.

On the fourth day was sent for in haste, as the hernia protrusion had become strangulated, which added all its concomitant suffering to the anguish previously existing. After using all the ordinary methods of taxis, &c., without returning it, and meditating the propriety of an operation, I concluded as a dernier resort to try venesection largely. Had him accordingly supported by two assistants in an erect posture, and took from a large orifice about forty ounces of blood before syncope ensued, but during which the hernia was relieved without difficulty, to my great joy. The bowels were evacuated freely by the ol tiglii, assisted by enemata during the day, though the abdomen was still much distended, and very painful upon the slightest pressure; pulse small in volume, and about one hundred to the minute; hiccough and vomiting some better, though still continuing; profuse perspiration, dryness of the mouth, with urgent thirst. Ordered the whole abdomen to be covered with blistering tissue, with caution not to let it remain too long, for fear of strangury from absorption; continued the anodyne, and watched that there shall be frequent discharges from the bladder. Visited the patient the next day, and found decided improvement in all the symptoms; pulse about eighty, and fuller than before; less thirst, less pain, less distention of abdomen; no

trouble of consequence to void urine, but with a sense or feeling of great prostration; vomiting and hiccough continuing to some extent. The vesication was complete.

It is only necessary to say, that by aperients, assisted by enemata, to obviate constipation, and at last a gentle tonic, the patient completely regained his usual good health, and is now following his avocation, as a farmer, with assiduity. I am satisfied that *heroic* treatment saved this man's life. The extensive depletion, the extensive vesication, and above all the constant watching to keep the bladder *as near empty as possible*, so that no more urine should escape into the abdomen, and thus keep the lacerated parts in coaptation until union took place.

I have written this from hasty notes at the time, and memory, giving only the major points of the case.

ART. V.—*On the use of Tobacco Smoke in Strangulated Hernia.* By Dr. F. J. STRATTON, of West Alexandria, Ohio.

H. K. about twenty-three years of age, of robust constitution and athletic frame, had been lifting some heavy timbers. When some hours subsequently, while engaged in spading gravel was seized with a most excruciating pain which he referred to the pubic region. His sufferings increasing, Dr. Donnellan was called in. Who at first took the case for one of spasmodic colic. No relief being obtained, he made a more thorough examination, which revealed the true nature of the case.

I was now sent for, and found a strangulated hernia of the inguinal oblique form, the tumor as large as a small pullets egg and extremely firm. Efforts to reduce it by the taxis were completely abortive, and caused the patient the most exquisite misery. At this juncture, Drs. Dewey and Lindsay came in, with whom after a brief consultation, about eighteen ounces of blood was taken from his arm, without in any degree relaxing the rigidity of the tumor. I now determined to try the effect of chloroform, rather with the intention of affording the patient a temporary respite from his sufferings than the expectation of accomplishing much towards the reduction of the hernia. The violent struggling of the patient, the moment he felt the effect of the chloroform pre

vented him from receiving its full anæsthetic influence, and often wasting about two ounces in ineffectual attempts, it was abandoned. Previous to this, in divided doses I had administered ʒi. tinc. opii., without any apparent effects. At the suggestion of Dr. Dewey, it was now determined to try the full effect of opiate treatments, and accordingly we commenced administering, acetate of morphia gr. ½, every half hour. In six hours the patient expressed himself as free from pain, but in no other way exhibited the slightest influence of the drug. The tumors was as firm as ever, and as it was now dangerous to waste any more time in fruitless efforts at reduction, an operation seemed inevitable and for that purpose I prepared my instruments.

Before operating, however, I determined as a last resort to try the effect of tobacco smoke thrown up the rectum. For this purpose a large sized gum-elastic catheter was obtained, and the open end inserted into the short stem of a common clay pipe. The connection was made air tight, by softening and pressing down the wax at the end of the catheter. The pipe was now filled with strong tobacco, ignited, and the catheter after being oiled passed up the rectum, the patient being on his elbows and knees. A strong muslin rag was now applied over the bowl of the pipe, and an individual directed to apply his mouth to the same, and blow at intervals as long as he could. In this way a large volume of smoke was thrown into the bowels. In three minutes, the patient complained of nausea and a desire to evacuate his bowels. The instrument was withdrawn, and immediately a large quantity of gas and some fæces escaped. Upon making an examination, I could now easily pass my finger covered with the sac of the scrotum into the external ring. The tumor was soft —easily compressed, and reduced to one third its former size. The patient was now placed in the proper attitute and a few moments application of the taxis, returned the strangulated gut.

I might here remark, that injections and fomentations of tobacco have often been used in reduction of strangulated hernia, both in Europe and this country, but from its powerful and sometimes fatal effects has justly fallen into disuse. No such objection attaches to the use of the *smoke* of tobacco, while it relaxes the system as speedily and certainly as tobacco in any other form, the effect is transient, leaving but a slight degree of nervous prostration, which speedily passes off. When tobacco by enema is administered in decoction

more or less is taken up by the absorbents, and some time must elapse before the system is free from its poisonous effects. Not so with the smoke. The effect upon the nervous system is rapid and complete, and as rapidly passes away. Not however, until it has accomplished all that can be attained by its relaxing agency. In the above case, the patient was free from all the disagreeable effects of the remedy in half an hour. I have little doubt that the smoke of tobacco used as in the case related, will succeed in nearly all cases where the tumor is large and caused by gaseous distention or fæces, not hard and impacted. I bring this case to the notice of the profession, with a firm conviction, that by adopting in many cases the course already detailed, a painful and serious operation will be avoided.

ART. VI.—*Shoulder Presentation—Turning during Anæsthesia from Chloroform.* By JOHN A. MURPHY, M. D. of Cincinnati.

At 3 o'clock, A. M. December 16th, I was summoned to attend Mrs. S. ———, in labor with her third child. On arriving at the house, I found that she had been seized with labor pains at one o'clock P. M. the day previous, and had sent for a German midwife, who had been in attendance upon her without delivering her. At 9 o'clock P. M. the membranes ruptured, and the liquor amnii came away in a large quantity. The pains were frequent and severe. A vaginal examination revealed the second presentation of the shoulder, with the arm protruding into the vagina. The uterus was very firmly contracted upon the child. I found it impossible to introduce my hand into the uterus. I was unable to find out how long the child had been in this position.

I concluded however, that it had been so from the rupture of the membranes. After making an effort to pass my hand into the uterus, I sent for some chloroform and administered it to her. She was very readily brought under its influence, and during the insensibility induced by it, I was successful in turning the child. It was delivered still-born. I am convinced that it was dead before I arrived. The contractions of the uterus were very powerful, every inequality of the child being impinged upon. The uterus contracted during the anæsthesia as well as it did before it. I was relieved from the

voluntary efforts of the woman, by the chloroform, which is a matter of much comfort, expediting the operation of turning very much. I have very great doubts, whether turning could have been performed, if chloroform had not been administered.

The woman did well, and has had a good convalesence. There is nothing new in this case. The only reason that induced me to report it is, that it only adds another proof of the utility, and safety of anæsthetic agents in all obstetric operations. I am no advocate for the use of either chloroform, ether, or a mixture of both, when the labor is a natural one in every respect, believing that pain under such conditions is healthy and necessary, because physiological. In all cases of preternatural presentations, and in all cases where operations are necessary, anæsthetic agents are as strongly indicated for the comfort of the patient, as opium is in bilious colic. Still more, it relieves us of a vast deal of annoyance and time, enabling us to do in one hour, what under an opposite condition requires several.

ART. VII.—*The Use of Chloroform in Strangulated Hernia.* By JNO. A. SKINNER, M. D., of Dayton, Ohio.

In examining the present (November) number of the London Lancet, I notice an article by Edward W. Doman, Esq., of Essex, England, upon the effects of the muriate of morphia in inguinal hernia, which reminded me of a very similar case that occurred in my practice some two years since in the adjoining county of Clark; and I am induced at this late day to give it for publication, because I do not recollect of seeing any account of a similar mode of treatment. The patient, Esq. H., about sixty years of age, was at a blacksmith shop having some work done, when from some slight exertion a protrusion of the intestine occurred, which resisted his efforts at reduction, and immediately he was attacked with the most excruciating pain. A messenger was dispatched in great haste for me, two miles distant. The messenger was so much alarmed that I could learn nothing more than 'Squire H. was badly hurt at the blacksmith shop, and they thought him dying. My partner, Dr. E. W. Steele, and self, being in the office, concluded that both of us would go, and upon arriving at the place we found a formidable case

of strangulated hernia, which I tried to reduce by taxis until my fingers became powerless, then my partner made efforts which were equally fruitless, and the patient appeared in an agony of pain, when I applied chloroform to his nostrils for the purpose of allaying the pain, and also to operate, and thus relieve the stricture; but as soon as the effects of the chloroform were experienced, which was in less than two minutes, he spoke of the pain abating, my partner then made another attempt and succeeded. The relief was instantaneous and perfect, and by this powerful agent, without the least unpleasant symptom following.

PART II.

REVIEWS AND NOTICES.

ART. VIII.—*A System of Operative Surgery: based upon the practice of Surgeons of the United States: and comprising a Bibliographical Index and Historical Record of many of their Operations, for a period of two-hundred years.* By HENRY H. SMITH, M. D. Surgeon to the St. Joseph's Hospital; Assistant Lecturer on Demonstrative Surgery in the University of Pennsylvania; Lecturer on the Principles and Practice of Surgery in the Philadelphia Medical Institute, &c. *Illustrated by numerous Steel Plates.* Philadelphia: Lippincott, Grambo & Co., successors to Grigg, Elliott & Co. 1851.

This work, or rather that portion issued from the press, has been placed in the hands of the profession in our eastern cities for several months, but from some oversight, we did not receive the copy sent us until the latter part of January.

It is proposed by the Publishers to issue this work in parts, on account of the delay necessarily connected with the engraving of the illustrations. At present we have only the first and second, which contain an account of the General and Elementary Operations, and those upon the Head and Face.

These are preceded by a brief History of Surgery, but parparticularly the American portion. A Bibliographical Index of American Writers, and Medical Journals; Papers on the Elementary Operations, and of Operations on the Head and Face.

Part 1st. Relates to General Duties and Elementary Operations, which are treated of in four chapters, as follows: First chapter—General Duties of an Operator; second, Elementary Operations; third, Means of arresting Hemorrhage; Duties of a Surgeon immediately after Operations.

These chapters are divided into sections in a systematic manner, and the directions are full and explicit, without prolixity.

As a specimen of style we insert the first section of the first chapter, which relates to the proper "attentions to the patient"

"The attentions to the patient, as a portion of the general duties of an operator, may be subdivided into three periods: those which are required before the operation; during its proceedings; and subsequent to its performance.

"As every operation in surgery is undertaken solely with the view of benefitting the patient, the duties of an operator necessarily commence with the establishment of a correct diagnosis. Certainty, or a cautious examination of the nature of the disorder, should in all instances be a *sine qua non* to any operation. Without it, every application of the knife becomes barbarous and unjustifiable.

"The Prognosis of an operation, or the opinion that the result to the patient will be preferable to his condition before it, should in like manner be firmly settled; but as all men are liable to error, even when caution is largely exercised, it becomes the duty of an operator, in every case where it is possible, to demand a consultation with one or more of his professional brethren, not only in order to render the necessity of the operation certain, but also to secure his own reputation as to its correctness. The propriety of amputation has been subsequently doubted; lithotomy has been performed when a calculus did not exist; whilst the removal of hemorrhoids, the cure of fistula in ano, or the performance of plastic operations have all left the patient in a worse condition than he was previously. The result, also, is by no means the same, even under apparently similar circumstances. Death has ensued from the operation for piles; a greater deformity been created by operating for strabismus; and new noses have not always proved so handsome as the old. The issue should, therefore, be carefully weighed by every surgeon, before an operation is undertaken, if only on account of his own reputation. But when, after due deliberation, the affair has been decided, let him immediately, with perfect confidence, assume his position as the operator, and give his attention to such general and local measures as will facillitate the accomplishment of his object."

Part 2nd. Relates to Operations on the Head and Face. In this part we have thirteen chapters. First, Surgical Ana-

tomy of the Head; second, Operations upon the Head; third, Operations on the Face; fourth, Operations on the Appendages of the Eye; fifth, Operations on the Eye Ball; sixth, Operations on the Humors of the Eye; seventh, Plastic Operations on the Face; eighth, Of the external Nose; ninth, Of the Internal Nose; tenth, of the Mouth; eleventh, Operations practiced within the Mouth; twelfth, Resection of the Bones of the Face; thirteenth, Operations practiced upon the Ear.

In giving descriptions of particular operations, our American authorities are freely quoted, and so far as we are at present able to judge, with fairness and a disposition to render to each one, that which properly belongs to him.

The work is illustrated by numerous well executed steel engravings, handsomely colored; which add greatly to its value. That portion which is before us, contains twenty-eight plates; each containing from three to twenty figures.

The libraries of surgeons in this country, have recently received valuable accessions by the appearance of Skey's and Malgaigne's Operative Surgery; but the work of Dr. Smith appears to us, to possess many advantages over most others works.

As the production of a surgeon of our own country, its claims to patronage is much increased, when the completeness of its various parts is taken into consideration. Another strong reason why it should be in the hands of every American surgeon, is that it exhibits a condensed, yet extensive view of the practice of our own surgeons. In this respect it has placed upon record in a more enduring form, a vast amount of knowledge, which has heretofore been scattered through the journals, and which was rapidly being forgotten. For this alone the author is entitled to our warmest gratitude, and we doubt not but that the profession will show its high appreciation of his labors, by a liberal patronage of the work proportionate to the liberality bestowed both by the author and publishers in placing it before them. The following parts will be duly noticed when received.

For sale by Moore & Anderson, Fourth street.

ART. IX.—*Homœopathy: an Examination of its Doctrines and Evidences.* By WORTHINGTON HOOKER, M. D., Author of "Physician and Patient" and "Medical Delusions" Fiske Fund Prize Dissertation of the Rhode Island Medical Society. New York: Charles Scribner, 145 Nassau st. 1821 pp. 146.

This work opens with a brief view of the life of Hahnemann as related by his friends, which of course represents the most favorable points in his history. To this is added an important item from Dr. Leo Wolf, which shows that this great pretending discoverer had an early predilection for quackery. About the year 1800, he claimed to have discovered a new salt, the composition of which he kept a secret, and sold it for a *louis d'or* per ounce, on account of its great medicinal properties. The society for the promotion of natural sciences had it analyzed, and found that it was common borax! He also advertised an infallible preventive of scarlet fever; kept the composition a secret until he found it did not meet with a remunerative sale, when he confessed it was nothing but a few grains of belladona dissolved in water. Thus showing that this *great man* had an inherent quackish disposition in him, and strips from him the mask of honesty which he tried to wear, and exhibits him in his true dishonest character of an imposter. As to his being the first promulgator of the law of *similia similibus curantur* some doubt may exist, while the wonderful infinitesmals, and the discovery that the itch causes seven-eighths of all chronic diseases, is peculiarly his own; and of the honor of which no one will hardly aspire to deprive him! It is wonderful with what alacrity we find his followers among the "upper ten" acknowledging by embracing this system, that they are the subjects of this disgusting disease.

In a notice of this kind, it will hardly be expected that we we will give an extended analysis of the contents of the volume before us, and this is rendered less necessary, as we presume most of our readers will examine it for themselves. After doing this, they will then, we think, find it harder than

ever to discover in what respect the profession is under obligation to do honor to a man whose whole life was an even tissue of humbuggery and folly. They *may* however, ask themselves, was he not a reformer? was he not a laborer worthy of the companionship of Louis? To this we might with propriety answer, that when all distinctions founded on merit are broken down, they may be classed together, but not until then.

We would advise our readers to procure this book, because we consider it an excellent expose of the absurdities of this system in a condensed form. For sale by H. W. Derby & Co. Main street.

ART. X.—*The American Medical Formulary: based upon the United States and British Pharmacopœias. Including also numerous Standard Formulæ, derived from American and European authorities. Together with the Medical Properties and the uses of Medicines; Poisons, their Antidotes, Tests; &c. designed for the Medical and Pharmaceutical Student.* By JOHN J. REESE, M. D. Lecturer on Materia Medica and Therapeutics in the Philadelphia Medical Institute. Fellow of the College of Physicians, &c. Philadelphia: Lindsay & Blakiston. 1850. pp. 357.

For some reason unknown to us, the present volume has only just been received, although it has been before the profession for nearly two years.

It will be found to be a convenient and useful work for reference in respect to all matters coming within its objects. It is prepared with care in accordance with the U. S. Pharmacopœia, and therefore adapted to the use of practitioners and druggists in this country. For sale by Moore & Anderson, Fourth street.

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MICHIGAN

PART III.

FOREIGN SUMMARY.

1.—*On Bandaging the Abdomen after delivery, and the proper time for applying the bandage.*

Sir,—In the number of your valuable journal, dated Sept. 12th, there is a paper "On bandaging the abdomen after delivery," by Mr. Kesteven, in which he states his belief "that the opinion upon the importance of the binder, generally entertained, has originated in the "ninnia dilligentia medici," who therein performs the office of the nurse: he goes on to say, that "bandaging the abdomen immediately after delivery is not only unnecessary, but in many cases absolutely injurious;" and that "any advantages it offers are to be gained by its employment at a later period than generally directed." Mr. Kesteven goes on to say, that "men of large experience, and of well merited reputations, attach great importance to the early application of the bandage," and that "he would not have dared to call in question the soundness of such undoubted authorities," did he not believe "that more mischief than benefit is derived therefrom:" "he trusts that the facts and reasonings now to be adduced will satisfactorily account for his dissent, and defend him from the charge of promulgating a *dangerous heresy*." As Mr. Kesteven is aware "that the weight of authority is against the opinion which he now advances, he will not be surprised that one who thinks differently on this most important point should venture to answer some of his objections to the use of the bandage.

He arranges the consideration of the subject under three division:—"1st, the alleged objects to be gained by the bandage; 2ndly, its real effects; 3rdly, its proper object, and the right period for its application."

The 1st of these divisions he separates into five classes, *a*, *b*, *c*, *d*, *e*,—which I shall consider separately.

a. "In the vast majority of cases the uterus contracts rapidly, firmly, and permanently, directly upon delivery, without bandaging." True that such is the case: were it not so, how much more frequent would dangerous flooding be than it really is; should the uterus not contract well and firmly, no bandage will make it do so; it is, then, the duty of the practitioner to support the uterus with his own hand, and to follow down the contraction of the organ till it is firmly contracted under his hand, and to maintain the pressure till the contraction is permanent. So long as he feels the slightest tendency to relaxation, it is his duty manually to support the organ, and not to leave it to apply a bandage, or compress, or any other apparatus; but when such a contraction is obtained, the judicious application of the bandage renders the requisite support as efficiently as the hand of the practitioner; and, if such be the case, why do away with that which at once enables the attendant to leave with the assurance that internal hemorrhage and distention of the uterus cannot take place to any great extent, and secures the patient against, if not a dangerous, at least an unnecessary loss of blood? Mr. Kesteven goes on to say, that "poor women who are delivered by midwives, and the hundreds, aye thousands, who are yearly delivered without any aid, would, were it not so, have all the dangers of uncontracted uterus to contend with." Fortunate, indeed, it is for them that good contraction does generally take place; but in those cases where the contraction is not firm, and where the uterus has a tendency to relax, and where hemorrhage is the result of such relaxation, he would at once do away with the best preventive that art can afford. I must beg to differ from him in opinion that hemorrhage is unfrequent among the poor; that alarming and fatal hemorrhage is, I am ready to allow; but I am of opinion that large drainings are common. How many are the cases of pale, wan-looking women, who date their weakness to having "lost much" in their confinements, and afterwards, where a well applied bandage would have prevented the miseries so entailed? Many cases have come under my care with the history of considerable "loss" in their previous labors, in which, with pressure firmly applied on the uterine tumor during the infant's passage in the world, and continued till a firm contraction was obtained, the slightest amount possible of blood has been lost. In these cases, the bandage carefully applied has served well to maintain that gentle support which is at once grateful to the patient, and prevents her from being troubled with severe after-pains.

b. "That measure which shall promote the contraction of the uterus can hardly be seriously recommended as a means of lessening the severity of the after-pains; the contraction is too manifest to require further comment." Now I would ask, upon what cause do after-pains depend? They depend on the continued contractive efforts made by the uterus to expel any portion of the placenta or membranes, or any clot of blood that may be retained in its cavity; and, in the cases where after-pains are most severe, the discharge is more abundant, clots coming away at intervals. Of course, it is the duty of the medical attendant, by examination of the placenta and membranes, to assure himself that no portion of either is left behind. This being ascertained, these cannot be the cause of after-pains: then, if proper pressure and support be given by the hand to the contracted organ for a few minutes, it will remain in that condition, and then a bandage judiciously applied will keep up the support which is required to prevent the uterus from relaxing; will guard against any clots forming in its interior; and, consequently, prevent the after-pains, the necessary indications of the expulsive efforts of the uterus. This, of course, is a matter which cannot be judged of by a person who is in the habit of leaving off the bandage altogether, or leaving its application to the care of ignorant and uneducated midwives; but I can only say, from what information I gathered by careful examination and enquiry from the inmates of the Rotunda Hospital, Dublin, where proper support and the due application of the bandage are inculcated as an absolutely necessary part of the treatment, and from what I have observed in my own practice since, that the comfort given to, and the immunity from after-pains enjoyed by the patient, are almost incredible.

c. For the prevention of hemorrhage immediately after delivery, and immediately after the expulsion of the placenta, I perfectly agree with Mr. Kesteven, "the application of a roller certainly possesses no claim." Indeed, I can only think that the application of this means of support during paturition, to be gradually tightened as the expulsion of the infant takes place, although recommended by Dr. Merriman, is a very clumsy substitute for that pressure which can be so well and effectively applied by the left hand of the accoucheur; and should the bandage have been applied, there can be no question that it must be removed immediately that hemorrhage takes place, in order that usual remedies for arresting it may be applied.

That improperly bandaging the hypograstric region with pads, &c., may frequently give rise to hemorrhage, I cannot doubt; for, supposing such pressure to be applied in the above mentioned region, in a spot between the fundus of the uterus and the symphysis pubis, unquestionably the effect of such pressure would be mischievous in the extreme; since the pressure would then be directed against the front wall of the uterus, and not on the fundus. The effect of such a proceeding can be nothing else than to "mess" the uterus across the middle, and, should there be a tendency to relaxation, to produce an irregular contraction of the walls of the organ, perhaps an *hour-glass* contraction, and so be the cause, if not of hemorrhage, of leaving the uterus in anything but a safe condition.

d. "*To prevent Syncope.*"—For the syncope which sometimes occurs during the process of labor I am unable myself to see that the bandage can be of any service; since, at this period, syncope does not depend on the removal of the pressure from the abdominal vessels; but, when it occurs after delivery, I am of opinion that common sense as well as the highest authorities indicate that this means, with other remedies for the removal of syncope, is calculated to give, as far as possible, the mechanical support which has been removed at the birth of the child,—and, to quote Dr. Ramsbotham, p. 610, 1st edition, "The liberal admission of fresh air, placing the head and shoulders rather below the level of the other parts of the body, the exhibition of small doses of stimuli, the application of warmth to the extremities, abdominal friction, and, especially, the adaptation of a properly contrived broad bandage girt tightly round the person, seem to offer the most effectual means of restoring the tone of the circulating system."

Proceeding to the second division of the subject, viz: "The real effect of bandaging the abdomen after delivery," Mr. Kesteven says:—

a. "It affords support to the abdominal walls, if applied moderately firmly."

b. After alluding to the preservation of the figure, &c., he enumerates, amongst its more injurious effects, "its aggravation of after-pains."

Of this I have already spoken, as also of the irregular contractions asserted to be produced, and of its obstruction to manipulations." I am quite at a loss to imagine how the application of a bandage can in any way interfere with the action of the diaphragm; and as the manner in which it would

be likely to do so is not even hinted at, I may regard this as a hypothetical rather than a real objection to it.

That the tightest application of the simple bandage can in any way displace, or cause obliquity and prolapsus of the uterus, I utterly deny; for the form of the pelvis alone prevents the pressure of the bandage acting on any part but the fundus, and I think it has been already shown that pressure there causes regular contraction, and not displacement in any direction. With regard to its interfering with compression of the aorta in cases of hemorrhage, as I before stated, the bandage should not be applied till the patient has a well-contracted uterus; consequently, the necessity of pressure on the aorta would be done away with.

That the application of the bandage should have fallen into disrepute, in the hands of some practitioners, I do not wonder, for it is the practice of many, after the expulsion of the placenta, not to trouble themselves at all about the condition of the uterus. Every body knows that this organ has, in some cases, and in some persons more than others, a tendency to relax and form a clot in its interior, without manifesting itself externally: in these cases the application of the bandage generally causes the clot to be expelled: the practitioner is alarmed, and ascribes the hemorrhage to the bandage; whereas, in truth, its acts as the safeguard of the woman, by causing that contraction which the practitioner has neglected previously to secure, and partial or total expulsion of the clot, as the case may be: if it be partial, there will be a continuation of the contractions, and consequently severe after-pains: the total expulsion requires a good contraction, and so there are few if any.

Persons may and do think differently as to the experience of hospital nurses; but with me the testimony of such persons carries considerable weight, especially when corresponding with that of more educated observers. Such being the case, I may be excused for stating what I was told by a nurse of twenty-five years' standing in the largest Lying-in-Hospital in the United Kingdom—the Rotunda Hospital, Dublin. This person told me that in her earlier days the careful application of the bandage was not much attended to, and cases of flooding were not at all uncommon; but that since the bandage had been properly applied, such cases are of the rarest possible occurrence, and, indeed, almost unknown.

Thus, then, we find the right period for the application of the bandage to be after a good contraction has taken place:

the object of it is to avert the tendency, which sometimes exists, to relaxation, after this contraction has been duly obtained; and it has been one of my objects in writing this letter to prove that it has this effect.

A few words in conclusion, upon the bandage, and its mode of application.

The material best for the purpose is unbleached muslin, doubled; the length must vary according to the size of the pelvis; it should be long enough to go round once, and have a foot to spare; its depth should vary from fifteen to eighteen inches; the pins used to fasten it should be short and very stout: to be of service, it must be applied next to the person, without any intervening linen. The bandage should be passed under the patient, disturbing her as little as possible; the lower edge must reach below the trochanter major; the patient should lie on her left side, her legs down and in as straight a position as she can. The bandage must then be tightened, and pinned below the trochanter: this is most important, since upon it depends the remaining of the bandage in its proper place: the second pin should be placed in a line with the former, about two inches below the crest of the ilium: this is a much less important one than the first and the third; the latter should be inserted in the interval between the crest of the ilium and the last rib, and before its insertion the bandage must be drawn as tightly as possible. The effect of this is to draw a tight band across the abdomen, on a line with the crests of the two iliac bones, and so to support the fundus of the uterus, and form an effectual barrier to its rising out of the pelvis by relaxation. The fourth pin is a very unimportant one, and is merely applied to make the upper part of the roller sit comfortably about the lower part of the chest.

My object in stating the uses of the bandage thus at length, are, to counteract the effects which the promulgation of such opinions as those advocated by the author of the paper "on bandaging the abdomen after delivery" is calculated to have on the practice of young men who have not had opportunities of judging its effects for themselves; and also to show that, to be of use, it should be applied after a firm contraction of the uterus has taken place, and in the manner above described.

Hoping that you will be able at an early period to give this letter place in your columns,—I have the honor to be, sir, your obedient servant. C. H. Roper, M.R.C.S.

—*London Medical Gazette.*

2.—*Case of Feigned Insanity.*

The *Gazette Medicale Lombarde* reports the case of a young herdsman, seventeen years of age, who, having violated a child seven years old, killed her on the spot by a blow on the head. When arrested, he stated that he had been urged to the commission of the deed by the devil. On the day following his imprisonment, this youth, who was remarkable for his gaiety and intelligence, was found in a state of almost complete imbecility, unable to make a single step without trembling and crouching down, his head bent forward and inclined to one side, his speech incoherent and stammering, not giving any collected answers to the questions put to him. He did not seem at all conscious of the fate that awaited him. Two physicians, MM. Windler and Zinck, declared the insanity feigned, upon the ground that they had never known such a form of the malady occurring suddenly at his age. The prisoner was subjected to the closest surveillance, but he was in everything consistent with his disease. Recourse was had to stratagem; his couch was set on fire, water was unexpectedly poured upon him through the windows of his cell; but he remained impassive beyond faint inarticulate cries.

The physicians nevertheless persisted in their opinion. When put upon his trial, the prisoner answered no questions, seeming to doze, and preserved throughout the same impassibleness. The jury found him guilty of the crime, but admitted his insanity in extenuation! He was condemned for three years to the House of Detention. Returned to his cell, the prisoner, finding that he had escaped capital punishment, declared that he had been perfectly sane since his arrest, and that he had simulated idiotcy at the suggestion of a fellow-prisoner.

There are few instances on record of feigned madness carried so far, or persisted in for so long a time, under the circumstances.—*L'Union Medicale.*

3.—*On the Therapeutic Properties of Creasote.* Communicated to the Medical Society of London, Oct. 18th, 1851, by Benjamin W. Richardson, Lic. Fac. Physician and Surgeon, Glas.

During the last visitation of Asiatic cholera, my attention was called to two short papers in the Medical Gazette and

Lancet, from the pen of Mr. Spinks, of Warrington, on the good effects of Creasote in the treatment of that formidable disease. As the epidemic had nearly passed over before I read these papers, and as my attention at that time was somewhat diverted from the subject, I did not obtain an opportunity of testing the effects of creasote in the treatment of true Asiatic cholera. Since then, however, I have given this medicine a very fair trial in the treatment of *ordinary diarrhœa*, and I am bound to admit, that, as far as my own observation goes, there is no astringent remedy half so useful, in certain cases of profuse purging.

The cases in which I have found creasote most valuable, are of three kinds:—

1st. Cases where purging appears, and cannot be traced to the presence of foreign matters in the intestines, as so often happens during ordinary epidemics.

2ndly. Cases where a diarrhœa follows the administration of purgative medicines given for the purpose of removing foreign matters from the intestines.

3rdly. Cases where after an acute diarrhœa, a state of passive purging continues—the patient being constantly troubled with sudden small liquid evacuations, not attended with great pain, or any considerable constitutional disturbance.

From the first-named class of cases, I could give numerous instances illustrative of the good effects of the remedy in question. During the late diarrhœal epidemic, many of these cases have come before me; but, to save time, I shall only state that, in no case of the kind, have I seen the remedy fail, and that, in most instances, from two to four doses of the medicine have been sufficient to check the evacuations.

Of the second variety I have also seen several examples. The following case affords a good illustration: In the month of August, 1850, I was one morning hastily summoned to Chiswick to visit an aged lady, who was suffering from diarrhœa. I found that on the previous day she had been eating heartily of some kind of indigestible food, and feeling uneasy sensations in consequence, she had taken a smart dose of some aperient medicine. The effect was a profuse action of the bowels, continuing for many hours, and reducing her to a deplorable degree. At the time of my visit, she presented the following symptoms: the diarrhœa was constant, the matter evacuated being thin, and but little colored. The pulse at the wrist was nearly imperceptible, the surface of the body was cold, the lips were blue, the abdominal muscles were

painfully contracted, and the voice was greatly diminished in force. I prescribed creasote two minims, with half a drachm of sulphuric ether, to be given immediately in a little syrup, and to be repeated every one or two hours. A little brandy and water was also recommended at intervals, and light mucilaginous drinks. The body to be kept warm. On calling again in the evening of the same day, I was delighted to find my patient much better; she had rallied considerably after the first dose of creasote and ether; the diarrhœa had diminished, and by this time had ceased altogether, two more doses having been given. I now stopped the medicine, and the diarrhœa did not return; for a day or two some slight symptoms of thirst appeared, but these passed off, together with the prostration consequent on so severe an illness, and in the course of three weeks perfect recovery had taken place.

Of the third class of cases I have not seen so many examples as of those previously named, but the following is one of the kind: A gentleman who was travelling was seized with an ordinary attack of diarrhœa, for which he took medicine with much relief; still his recovery was not complete. He did not suffer from pain, but three or four times in the course of the day he would be suddenly troubled with a small liquid evacuation. This was a great annoyance, and he was treated for it in various ways, by mild purgatives, and also by all the ordinary astringents, but with no avail. He returned to town and resumed his usual pursuits, but the purging, notwithstanding the most careful diet, continued to tease him. Creasote was at last prescribed, in a minim and a half dose, combined simply with syrup of tolu, and a little water. The effect was most satisfactory. The remedy was taken but twice, when the disagreeable symptoms entirely passed off. Ten days after they slightly returned; but one repetition of the dose named above effectually checked a relapse, and since then (nine months ago), the bowels have acted quite normally.

The advantages which creasote seems to possess over the other astringents, are: 1st. That it succeeds when others fail. Of this fact I am quite convinced. I have, during the late months, when diarrhæa has been so common, selected at the same time similar cases, and whilst treating one with creasote I have treated the others with opium, chalk, or some similar remedy. In such trials I have unexceptionally found the purging arrested much more readily and effectually by the creasote, and in many cases, other remedies have signally

failed, this one has been prescribed afterwards with the best results. 2ndly. It is very speedy in its action. 3rdly. And this is a great advantage—it rarely leaves the bowels constipated. In the course of its administration, I have sometimes seen it produce symptoms of dryness of the mouth, with a white filmy state of the tongue, and a little excitement. Under such circumstances the remedy is better discontinued; indeed it is not often wanted after these symptoms, inasmuch as the diarrhœa is usually checked before the appearance of them.

With children the remedy is also useful; but, to secure success with them, the dose must be very small—the one-fourth, one-sixth, or one-eighth of a drop to children under two years, is sufficient. With adults, from one to two drops is the dose I usually prescribe, and this may be repeated every two or three hours for several times if required.

I am happy to see that the value of creasote as a remedy for diarrhœa has not escaped the notice of other observers. In the last volume of the London Medical Gazette, there is a paper by Mr. Kesteven on this subject, in which he praises the remedy greatly. Mr. Kesteven also offers the theory, that the good effects of creasote in diarrhœa may arise from its power in coagulating albuminous solutions. There is, however, a great objection to this theory, in the fact that to coagulate albumen a large quantity of creasote is required; so that the small doses medicinally administered cannot be supposed as sufficient to produce such coagulation in the intestines.

I must just add one word with reference to some of the other therapeutic properties of creasote. In elementary treatises on therapeutics, I find ascribed to it, narcotic, sedative, and diuretic properties. To none of these effects can I myself bear witness. I have never seen the least approach to narcotism or diuresis on any occasion, from the doses named above; while, on the circulation, I am quite sure it acts rather as a stimulant than as a sedative. Its power to arrest vomiting depends upon the dose; given in a full dose, two drops, I have seen it even bring on vomiting; in which case a few minims of dilute hydrocyanic acid are usefully combined with it. At the same time, I may observe that I have seen diaphoresis follow its administration, and that it possesses very excellent antispasmodic properties. I have also found it very useful in arresting hiccup in cases of exhaustion. To disguise the nauseous qualities of creasote, no vehicle seems

to me to answer so well as the syrup of tolu, to which compound tincture of cardamoms may be added. It is also very advantageously combined with opium, or with the preparations of ether, in cases where these remedies are indicated.

In concluding this notice of some of the properties of creasote, I have only to observe, that I do not speak of its effects from a small number of cases, or a short period of trial.

I have tested the remedy impartially for many months, and, having thereby formed so favorable an opinion of its use, I have considered the matter as one of sufficient interest to be brought before the notice of this medical society.—*London Medical Gazette.*

4.—*On the Medical Employment of Extracts of Flesh and Blood.* By MM. Breslau and Mauthner.

Dr. Buchner states, that such great benefit has been derived from the employment of Dr. Breslau's *extractum carnis*, as a remedy in the diseases of exhaustion in children, that it ought to find a place in the materia medica. Fresh ox flesh, freed from fat, first finely chopped up, and then well beaten in a stone mortar, with a little cold or lukewarm distilled water, is afterwards submitted to a good press. The cake is again similarly treated, and when the juice is thus pressed out of it, it may still, when seasoned, be advantageously employed as food. The juice, reddish in color, is immediately heated sufficiently to coagulate the albumen, and is then evaporated in a water-bath to the ordinary consistency of an extract. As ordinary ox-flesh contains only 1 in 1000 of Kreatin, while that of the heart, according to Gregory, contains from 1.37 in 1.41, this is the part employed by Dr. Breslau at the chief apothecary establishment in Munich. The extract is of agreeable odor and taste, and is easily soluble in water, when it reddens litmus. By the addition of caramel to the juice, the taste and consistency of the extract is much improved.

In the exhausting diseases of children, Dr. Mauthner strongly recommends his *extractum sanguinis bovis*. Fresh blood caught from the slaughtered animal is passed through a sieve, and then evaporated in a water-bath to dryness, rubbing it up into powder when cold. From 10 to 20 grains are given per diem in a little water, the solubility being increased

by the addition of a few drops of spirit of wine. Dr. Mauthner has now employed it with great success in about twenty cases, several of which were reduced to an apparently desperate condition before commencing with it. Four cases are related as examples. 1. A girl, æt. seven, had suffered from catarrhal diarrhœa during eight days, which completely reduced her. She took ℈j of the extract daily, from the 28th of August to the 10th of September, when she left quite well. 2. A girl, æt. twelve, was reduced to a mere skeleton by diarrhœa; and after being treated by various means, and constantly getting worse, she commenced the extract on the 8th of September, and was quite cured by the 27th. 3. A child, æt. seven, very liable to scrofulous ophthalmia, and now reduced to the lowest point by diarrhœa supervening on hip-joint disease, continued the extract from the 8th to the 22d of September, when he left the hospital cured as regards his immediate cause of exhaustion. 4. A child, æt. four, suffering from hectic and manifesting bronchophony, had a *fistula ani* form, and was reduced to a complete state of anæmia. He recovered by continuing the extract from the 1st to the 12th of September. It is by no means a disagreeable remedy; and a child will take it when it will not take, or rejects, ordinary medicines. It does not appear in the stools, scarcely a trace is found in the urine, and it is never vomited. It is especially useful in what Dr. Mauthner terms *exhaustio scrofulosa*, and the child will take it much better than the *ol. jecoris*. It is of no use in the acute marasmus and anæmia of young infants, due to bringing up by hand, who are brought to the hospital during the last days of their wretched existence.—*Buchner's Repert.*, *No.* 19, *p.* 90; *Journ. fur Kinderkrank*, xvi., p. 56.

5.—*Duration of Pregnancy.*

Dr. Murphy read (11th Oct.) a paper on this subject, which is interesting both in a physiological and medico-legal point of view, before the Medical Society of London.

Two questions are proposed by him for consideration: 1st. Is the duration of pregnancy a fixed or a variable period? and, 2d, if it be decided that it is a variable, what are the limits of its variation? The usual mode of calculating the term of pregnancy is by dating from the last period of the

menses to the time of delivery, the gross results being corrected by deducting as many days as is supposed necessary to avoid error. Some, believing that conception may take place at any time, deduct one-half the menstrual interval; while those who consider that conception can only take place at the menstrual period, date either from the last catamenia, or from that which should have happened, but for conception. This estimate being compared with the period of quickening, a result is obtained sufficiently accurate for ordinary practical purposes; but not precise enough for legal evidence. Other indications have, therefore, been sought for. Peculiar sensations are experienced by some women at the time of conception; some cases of this kind, described by Dr. Montgomery, would tend to fix the duration of pregnancy at two hundred and eighty days. In other cases, it has been ascertained by the date of a solitary intercourse, which, of course, fixes the date of conception; the same period of two hundred and eighty days is, from such cases, given by Sir C. Clarke and others, and from these facts many are inclined to regard that period as the correct duration of pregnancy. To this opinion, however, Dr. Murphy does not subscribe, as these cases are comparatively few in number, and, if the rule were different, might easily form an exception to it without invalidating it. He would, therefore, call in the aid of statistics for the solution of the problem; this he commenced some years since, at the University College Hospital, when forming a register of obstetric cases. The following method was adopted: When a letter for attendance was applied for, an inquiry was made as to the catamenia, the age of the applicant at its commencement, its period, and its last appearance. With regard to the last question, some could only give the month, others were precise as to the date, and some were too irregular to date from. The last were excluded from the inquiry, as, for instance, some who were nursing either had no change or a very irregular one; others had been always irregular before pregnancy, and, therefore, could not be depended on; and again, with others, the catamenia had evidently continued after conception; all these were excluded as the others were noted, and when delivery occurred, that also was noted, the interval between the two giving the gross duration of pregnancy, which was afterwards corrected, so as to make as near an approach to accuracy as possible. Of these cases, some time back, a table of one hundred and eighty six was formed. The corrections were made as follows; If

the period exceeded two hundred and eighty days, and the woman had given the exact date when she was last unwell, the whole menstrual interval was deducted; so, if the whole period were three hundred and twenty-eight days, and twenty-eight days were the menstrual interval, three hundred days would be regarded as the true duration. It was considered that the woman might be in error, and it was thought safer to suppose that conception occurred just before the catamenia which had been arrested. Subsequently two hundred and eighty days were regarded as the true period, and in any cases that exceed, the menstrual period is deducted, the result being presumed to be accurate. From his records of nine hundred and sixty-five cases, Dr. Murphy has formed four tables: 1st, those in which the duration of pregnancy exceeded two hundred and eighty days, including three hundred and three cases; 2d, those that are exactly that period, including three hundred and seventy-eight cases; 3d, those between two hundred and sixty and two hundred and eighty days, including two hundred and one cases; and 4th, those below two hundred and sixty, including eighty-three cases. The 4th, or last table, he (Dr. Murphy) looks upon as instances of premature labor. From these tables he gathers that the duration of pregnancy is not a fixed but a variable period, as in the lower animals, varying, however, only within certain limits. Those limits are not yet ascertained. He regards two hundred and sixty days, or thirty-seven weeks, as the shortest period; he has attended mature infants born at that date. The longest period is yet *sub judice*, the cases in the first table being yet under examination, and requiring correction.

The paper concluded with the details of a case of protracted pregnancy, parturition being delayed till six months and a half after quickening, *i. e.* two months longer than usual.—*Medical Times, Oct.* 18*th*, 1851.

6.—*Confectionery, how it becomes Poisonous.*

Confectioners and lozenge makers are even more reckless in the practice of their craft than millers or bakers; for not only do they adulterate their confectionery with plaster of Paris, starch, chalk, sulphate of baryta, and things of that kind, but they even venture to use some of the most poisonous pigments in the fabrication of their dainty-looking sweetmeats.

Bronze, copper-leaf or Dutch metal, white metal or leaf tin, arsenite of copper, carbonate of copper, verdigris, chromate of lead, orpiment, oxychloride of lead, red lead, and vermillion, are all more or less employed for this purpose. Nearly all the ginger lozenges of English commerce, and every one of the bright yellow comfits exposed for sale in the confectioners' windows, contain a poisonous salt of lead. We have some of the last-named bodies in our possession, that contain as much as 1.5 per cent. of this metal, and we perceive, by a letter published about two years since, by Professor Louyet of Brussels, who is one of the members of the Central Committee of Public Health of that city, that he recently received from London, a yellow colored bonbon, which contains chromate of lead in very large proportions. It consists, he says, of aromatized sugar, colored yellow throughout its mass; it is flavored with lemon, and encrusted with a transparent shell of red currant confection. His object in publishing his letter was to call the attention of the English authorities to the dangerous character of the substances employed in London in making colored confectionery; but his purpose failed, as have many other of like import, for the same kind of bonbon is still to be seen and purchased in all the poorer localities of this city. We believe that confectioners are not generally aware that chromate of lead, or, as they term it, chrome yellow, is of a poisonous nature; but we may inform them that Orfila has succeeded in killing animals with it, and that the introduction of lead in any form, into the animal body, is commonly attended with dangerous consequences. It must be remembered, moreover, that many persons are accustomed to eat a large quantity of ginger lozenges during the winter season, that they are constantly partaking of them, and, though each lozenge may contain but a small portion of lead, yet the continued administration of the metal can hardly fail to produce injurious results.

Bad, however, as the employment of this pigment is, the danger is outdone by the use of a still more violent poison, viz., arsenite of copper or mineral green. We would direct the attention of our readers to the fact that the splendid ornaments which decorate the tops of twelfth cakes, and the fanciful devices in sweetmeats, which are now so commonly sold at all the confectioners' shops in poor neighborhoods, are frequently colored with this mineral. In the month of June, 1850, Dr. Letheby reported three cases of poisoning by Scheele's green, which came under his notice, and he stated

that between thirty and forty children were poisoned at the same time by sweetmeats sold to them by a confectioner in Petticoat Lane. He stated, moreover, that as many as seventy cases of poisoning had been traced to a similar source within the last three years. Surely it is high time that some measures should be taken for imposing an efficient check on the dangerous and indiscriminate use of mineral pigments. That this might be effected without interfering with the activity of the confectioners' trade, or even with the fancies of those who are the great consumers of sweetmeats, is evident from the fact that the beatiful and much esteemed bonbons of France and Belgium are, in most cases, quite harmless; and the reason of it is this: In 1830, an order was made by the Prefect of Paris, to the effect that no mineral substance should be used for coloring liqueurs, bonbons, sugar plums, lozenges, or any other kind of sweetmeats or pastry. It was also forbidden to wrap sweetmeats in paper glazed or colored with mineral substances, and it was ordered that every confectioner, grocer, and dealer in liqueurs, bonbons, sweetmeats, &c., shall have his name, address, and trade, printed on the paper in which the above articles are wrapped, and, lastly, that manufacturers and dealers shall be responsible for the accidents traced to the sweetmeats made by them. More recently, the ordinance of 1841 has prohibited the use of bronze, copper, lead, zinc, and other finely powdered metals, except gold and fine silver. With the penalties of such a law before him, what would a French confectioner say were he to visit a fair at Greenwich, Bartholomew, or Stepney, and see the gingerbread profusely ornamented with Dutch metal, or copper leaf in lieu of gold, and tin instead of silver?

Again: who at first would credit the fact that a poison six times more deadly than the prussic acid of the London Pharmacopœia, is freely used by every cook and confectioner in this country, as a flavoring ingredient for puddings, cakes, custards, tarts, and cordials? But such is the case, and the flavoring agent which they employ is ratafia. Now, if it is absolutely necessary that the essential oil of bitter almonds should be sold and employed in the indiscriminate way in which it now is, it ought, at least, to be deprived of the hydrocyanic acid which it contains before it is sent into commerce. By this means, a large amount of the danger attendant on its use would be removed. In proof of this, we may refer the experiments of Wöhler, Frerichs, and Mitscherlich, which show that when the oil is distilled from slaked lime

and sulphate of iron, it is entirely deprived of its deadly poisonous properties, although its flavoring quality is not in any way affected. To subject it, therefore, to such treatment before it is placed in the hands of the public, would be to take the best means of preventing the fatal accidents which so frequently result from the unrestricted sale of it. The daily papers of the last year have furnished us with accounts of ten cases of poisoning by this essence.—*British and Foreign Medico-Chirurgical Review, July*, 1851.

7.—*Spiræa Ulmaria, or Meadow-Sweet, in Dropsy.*

M. Tessier, of Lyons, has made some experiments on the spiræa ulmaria in certain cases of dropsy, the results of which he has published in the *Bulletin de Therapeutique.*

A person in the prison at Perrache had ascites, connected with intestinal irritation. After all other known diuretics had been tried in vain, M. Tessier prescribed a quart of the decoction of spiræa daily. From the third day, the patient passed much more urine than before. At the end of sixteen days, the medicine was suspended, and the urine immediately became scanty. It was resumed, and continued for six weeks; and the ascitic effusion was absorbed without the production of any debility. In a case of hydarthrosis of the knees, the decoction of spiræa seemed to aid materially the action of vesicants, by increasing the renal excretion. In a young woman affected with the heart-disease, it produced abundant diuresis, without lowering the circulation like digitalis. A young man accidentally took some of the decoction, in mistake for a pectoral ptisan. Four days after, he spontaneously remarked, that he had passed an enormous quantity of urine for forty-eight hours after. His condition became improved.

M. Tessier believes that meadow-sweet possesses diuretic properties; that it is also slightly astringent and tonic; that it is agreeable to the taste, and produces no disturbance of the stomach or of the nervous system. All parts of the plant seem to be endowed with the same properties; the flowers are perhaps less active. The spiræa grows in March and April, and flowers in May and June.—*London Jour. Med., Oct.* 1851.

PART IV.

AMERICAN SUMMARY.

1.—*Phosphate of Lime in Scrofula and other depraved States of the System.* By W. Stone, M. D. Prof. of Surgery, in the University of Louisiana.

In the July number of the reprint of the London Lancet there is an article by Beneke, entitled the physiology and pathology of the oxalate and phosphate of lime, and their relation to the formation of cells. The conclusions of the author are based upon careful chemical research and results from the use of the remedy. His researches show that in man, as well as in vegetables and inferior animals, phosphate of lime as well as albumen and fat is absolutely essential for the formation of cells, and he considers that many of the pathological states of the system depend upon a deficiency of this salt. The affections in which it is advised are ulcerations dependent upon a general dyscrasia, and not a mere local affection; infantile artrophy; in those suffering from rickets and consequent diarrhœa and tuberculous diseases, particularly of the lungs in the early stages. I was favorably impressed with the article, and being encouraged by the results of the practice, I am induced to relate a few cases by way of calling the attention of the profession to it, believing great improvement may be made in the treatment of diseases dependent upon vice of nutrition.

Case I.—Slave Bob was admitted into my Infirmary early in July, with a disease of his nose. Two large fungus growths, one on each side of the nose, barely separated by a strip of sound skin in the centre, of about one inch in diameter, extending nearly to the corners of the eyes. The cavities of the nose were filled by a similar growth, and the disease was making its appearance in the roof of the mouth. His general appearance was bad, and not unlike that of a dirt

eater. He complained of pains in different parts of the body, but not much at the seat of the disease, and he had an indolent swelling on one of his feet which finally softened down, and on being opened, discharged a thin matter and broken down tissue, leaving an ill-conditioned ulcer. I had to rely upon him for his history, which must necessarily be imperfect. He said the disease commenced four months previous in the nasal cavities and gradually made its way through. An examination showed that the bones had been absorbed—the mass bled freely, and upon pressure a thick cream-like pus appeared, and some of it resembled softened tuberculous matter. Pulse feeble and frequent, and digestion bad. I do not know what particular treatment he had been under, but he appeared to be slightly under the influence of mercury, and I put him upon the use of the hydroid of potash—cut off the fungus externally, and extracted as much as was practicable from the nasal cavities with polypus forceps and used a lotion of the sulphate of copper. No perceptible improvement followed, and on the first of August I put him upon the use of cod liver oil, but his digestion continued bad, had acid eructations which he thought was worse when he took the oil. The phosphate of lime was added eight grains three times a day, and he soon began, for the first time to improve. His color began to return—the local disease began to assume a better appearance. Local treatment was disregarded, and the oil and phosphate of lime has been continued up to this time. His color is now of a shining healthy black. The fungus is even with the surrounding skin. Cicatrization is taking place, and the fungus has disappeared from the nasal cavities, so that he breathes quite freely through them. Those having confidence in cod-liver oil, may attribute the favorable change to it alone, but I would say that no favorable change took place until the lime was given, although it had been given sufficiently, I think, for a fair trial. The oil may supply one deficiency, and the lime another; but my object is not to theorise, but to draw attention. Bleeding, leeching, cups and gum water, on the one hand, and tonics, stimulants and opium on the other, are sufficiently well understood, but I believe that chemistry is yet to assist us and enable us to relieve many of those undefinable maladies that depend upon the vices of nutrition, either hereditary or acquired, which cut off so many before the natural decay of the system takes place.

Case II.—Miss ———, aged 24, had been in delicate health for some time, without suffering from any particular

disease. In May last, a dry cough commenced, and loss of appetite followed, etc. But to make it brief, as it is but a common case, I saw her about the middle of June, and found the upper part of both lungs filled with tubercles, in some places beginning to soften. Her cough was almost incessant, expectoration slight, consisting of viscid mucus, streaked with pus, and occasionally with blood; pulse a hundred and twenty, much emaciated, and her menses had ceased. She had fever in the evening, and exhausting night sweats. I ordered cod-liver oil, together with a soothing cough mixture, for temporary relief, and to procure rest, which she could not get without. The course afforded some relief, but the appetite did not improve, and I could not say that any marked improvement had taken place. About the first of July I gave the phosphate of lime, in addition to the oil, and in a short time there appeared to be some improvement in the appetite; the sweats began to leave, and her color gradually to return. The same course has been continued up to the present time, and she says she feels better than she has for two years. Her cough is in a great manner gone; she has gained considerable flesh, and has for the last two periods menstruated more naturally than for two years previously. There could be no doubt as to the precise nature of this case, and I am free to allow full credit to the oil, but I am confident that the lime was equally useful. The patient, who knows nothing of the medicine, spoke of its good effects. If the theory upon which its beneficial effects are based is correct, it ought to be an admirable assistant to the oil. I do not pretend that this patient is effectually cured, but it must be admitted that the result of the treatment is highly encouraging. It was a case of unmixed phthisis, that might have been expected to terminate in the course of a few months.

Case III.—A child of Mr. W., aged about seven years, had been laboring under a derangement of his bowels something over a year, and had been treated by very excellent physicians, with only temporary benefit. I saw him first in July, during one of his bad spells, as it was termed. I will not be so tedious as to give all the symptoms of the case, or the treatment that had been pursued. Suffice it to say that he was emaciated very much, but there was no evidence of any serious organic lesion, and no decided appearance of a scrofulous taint. Dyspeptic diarrhœa is a term as applicable as any one term to his case, though at times he seemed to digest tolerably well; but there was no assimilation or appropriation

of his food. He was at first put upon the use of hydriodate of potash, in an infusion of gentian, without any change, and finding that he suffered from acidity, added the phosphate of lime in doses of six or eight grains, three times a day, which he is still using. I saw him a few days since, and learned from the parents that he had had no new attack, and that his bowels had been steadily improving, and is gaining flesh and strength rapidly. The parents, who are highly intelligent, attribute most of the benefit to the phosphate of lime.—*New Orleans Monthly Medical Register.*

2.—*Malarious Fever—Homœopathic Treatment followed by death.* By Saml. G. Armor, M. D.

The frequency of its occurrence in the middle States of the Union, and a general understanding of the most successful mode of treatment, prevents the Western physician from studying the progress, pathological changes, and often fatal termination of malarious fever, uncontrolled by remedial agents. He does not, indeed, permit himself to have this privilege.

A case of exceeding interest recently came under my observation while residing in Cleveland, Ohio—interesting from the fact, that although a resident of the West for the last seven years, and accustomed to see and prescribe for all varieties of periodical fevers, yet during that time, I never had been placed in a position in which I could note and study the uncontrolled effect of a strong malarious poison. The reader can readily appreciate, then, the painful interest with which, during the past summer, I visited an intimate friend who was suffering from a severe attack of malarious fever which, on account of the prejudice of the patient and his friends for Homœopathy, was suffered to run its course uncontrolled by any agency whatever.

Learning of the ill health of my friend, the Rev. Mr. W., I visited him early in the month of August, and found him in a copious perspiration, following the chill and fever as they occur in their regular order.

On inquiry I learned that for three consecutive days he had had chills at 2 o'clock, P. M., followed by fever and perspiration. The perspiration continued during the night and left him free from fever in the morning but quite exhausted.

He frankly said to me that he had great confidence in ho-

mœopathy—that he had sent for a homœopathic physician, and thought that he would soon be better. I replied to him that I visited him as a friend, not as a physician, and took occasion at the same time to say to him, that every hour he took the litile sugar pills he was losing valuable time. He thanked me for my candor, but with all deference for my opinion, begged leave to differ.

Seeing that his prejudices, and that of his family and friends, were unconquerable, it now became to me a case of peculiar interest. He was a man of robust constitution—had been spending a few weeks in a malarious district in an adjoining State, returned to the city feeling unwell, took up his residence on the banks of the Cuyahoga river, and was thus exposed to continued doses of malarious poison.

What will be its course? what its complications, if any? and will the recuperative powers of nature be sufficient for the task which is imposed upon her? These were questions to me of great interest, but mingled with a painful anxiety for the safety of my friend. I had seen our paroxysmal fevers treated by pepper and steam—by cold baths and warm baths—by emetics, cathartics, quinine, arsenic, strychnine, "Indian chologogues," and vegetable specifics,—but never before had I an opportunty of witnessing the potent effects of infinitesimal does of *sugar* in arresting a periodical fever.

On the sixth day I again called, and found my friend still having chills, fever and perspiration, and gradually growing weaker and more depressed.

His assimilative and nutritive functions were all arrested, his tongue, from a white, now presented a dark brown color; has urine was scanty and high colored, and his eyes began to assume an icterode appearance.

Although gradually growing worse, he said to me that his physician assured him that he would soon have the "pathogenetic" effect of his remedy, and that he would then rapidly recover. I could not but admire the good man's faith, but deplored what I now feared would be its fatal consequences.

On the tenth, I again called, and found him suffering from "hope deferred." The anxiously looked for effect of the remedy had not been realized, and he now began for the first time, to have fearful premonitions as to the result: and, unhappily, they were too well founded. His fever from a periodical, had merged into a low continued form. His intellect was becoming somewhat clouded; the vital forces of the system were all prostrated; the tongue dry and dark;

sordes on the teeth; and the skin, now dry and husky, presented a yellow saffron appearance. On examination I found enlargement of the spleen, but no tenderness over the gastric, abdominal or hepatic regions. The most careful and zealous symptomatic pathologist might have searched in vain for any lesion other than that of the *blood*. This source of life to all the tissues of the body was gradually becoming itself dead, and, as a consequence, all the nutritive operations were arrested, and every function perverted.

Notwithstanding his alarm, however, he concluded to try a little longer the saving powers of homœopathy.

In a few days I called again to see him, and found him quite stupid and unconscious. He could be aroused with difficulty; the heart's action was feeble; there was general stasis of the capillary circulation; a coldness of the extremities and surface; an enlargement of both parotid glands; and that peculiar cadaverous smell which indicates approaching dissolution.

This was my last visit. In a few days I learned of his death.

I need not apologise to the intelligent medical reader for presenting one of a class of cases, common place it is true as to their frequency, but interesting when studied under circumstances such as those I have briefly detailed. And what are the reflections growing out of it? What would have been the result of early, efficient and appropriate treatment? To myself this was a question of thrilling interest. Never before was I so strongly impressed with the vital relations of rational medical science to community as in the case which I have recorded, for the intelligent medical practitioner will anticipate me in saying, that, in the early stages of his sickness, from thirty to forty grains of quinine would have saved a valuable life. It was not one of those cases concerning which we have any doubt as to the power of appropriate remedies in controlling. It was a simple, uncomplicated *malarious fever*, and it might be truly inscribed on the tomb stone of the patient—"*Died for the want of thirty grains of quinine,—a victim to the dreamy speculations of homœopathy.*"—*Western Medico-Chirurgical Journal.*

3.—*Hepatico-renal Circulation.* Discovery by M. Bernard.

We find the following announcement in the *American Journal of Medical Science*, for July:—M. Bernard has

discovered the existence of a communication between the portal vein, the ascending cava and the kidneys, by means of which the urine is secreted from the blood which has not yet passed through the general circulation. This communication explains the rapidity with which substances taken into the stomach find their way into the urinary secretion, and also how it is that poisons taken into the alimentary canal are sometimes fatal and at others not, as well as why the presence of certain substances given to animals should be detected in the blood at one time and not at others. According to his view, "the renal veins have a double duty to perform; during the time of abstinence they conduct the return circulation from the kidneys; during digestion they act as arteries, just as the pulmonary veins do for the lungs, and the portal veins for the liver. In effect, during the reflux of blood mentioned above, there is a distinct pulsation perceivable in the cava and in the renal veins. This, though difficult to show, yet may be seen by killing a rabbit during digestion and opening immediately the abdominal parietes.

"As M. Bernard remarked, when one reflects upon the matter, it is not so much to be wondered at, if we recollect that in fish and in reptiles there exists a porto-renal vein by which a certain quantity of blood passes directly to the kidneys from the mesenteric veins, only a portion being sent to the lungs."

4.—*Horses and their Diseases. Lameness, Shoulder Sprain, Rheumatism.* By J. B. Turner, V. S.

Some veterinary writer, I just now forget whom, has called the shoulder sprain the "refuge of the ignorant," by which he meant that whenever a horse, lame in the fore leg or foot, is brought to a veterinary quack, and the quack cannot find the seat of the lameness any where else, he always sets it down to be in the shoulder, and treats it accordingly, in his fashion.

One day last summer I saw a horse at grass in a field near Montreal, who had evidently been under the hands of one of these impostors; observing from a distance that the near shoulder of the poor animal had been most severely blistered, and having a natural curiosity to ascertain wherefore, I got over the fence and made a closer inspection, when I discovered pretty quickly that the animal was laboring under that disease of the foot, named *navicularthritis*, and that, even had it

been shoulder lameness the quack had blistered the wrong one! —the horse being lame in the off and not in the near foot.

Shoulder sprain does, however, occasionally occur and is generally produced by a slip or side fall, and is apparently an unnatural extension of the *aductores* muscles, and chiefly of the serratus magnus; the ligements of the articulations, both scapular and humeral, appear in some cases to be chiefly affected. Mr. Percivall is inclined to think that the injury frequently affacts the tendon of the flexor brachi, and some French authors think it often exists in the scapula-humeral articulation. It is, however, of very little consequence practically, to know the exact seat of the injury, as the treatment would be precisely the same.

It is not uncommon on viewing a horse in front, to find that the muscles of one or both shoulders are wasted; and, it is almost impossible to make even intelligent observers believe that the injury does not lie where its effects are so apparent; but the fact is, that in all painful lamenesses of the fore feet and legs, not only the external, but the internal muscles of the shoulders are frequently found wasted—the fore legs are drawn closer together, the withers appear more prominent, and the whole muscular substance of the anterior part of the body seems lessened; it is therefore very important to be able to distinguish a true shoulder sprain from injuries originating elsewhere.

Whatever, then, be the peculiar tendon, muscle, or ligament injured in shoulder sprain, the symptoms are alike. When the shoulder is really sprained, the horse suffers great pain in moving, and as it will be recollected that the muscles of the shoulder are principally employed in lifting the foot, the tortured animal takes care to lift it as little as possible; and, therefore, invariably drags the toe along the ground. In most other lamenesses of the anterior extremities, when tne horse stands in the stable, he rests the injured limb in advance of the sound one, flat on the ground. In shoulder lameness the foot is rested on the toe alone. If the suspected limb be elevated and carried forward by the hand of the surgeon, the animal will show that he is enduring great pain, which he will not do in other lamenesses of the foot or leg. Symptoms which we must *not* look for are much heat, tenderness, or swelling; for, the injured muscles being deeply seated ones, these symptoms cannot be manifested. Neither must we, if in standing in front of a lame horse we see that the point of one shoulder is considerably larger than that of the other,

be then in a hurry to conclude it is sprain of the shoulder. This species of injury is commonly attributable to a blow. Heat and tenderness will be found inside the fore-arm, and the muscles of the chest, rather than those of the shoulder, will be found affected.

Treatment.—Most writers advise us to bleed from the vein on the inside of the arm in severe cases of shoulder sprain, and perhaps with reason; though in most cases, when bleeding is advisable, I am inclined to prefer the general to the topical abstraction of blood. We should, then, foment repeatedly and perseveringly with hot water; carefully rubbing the skin dry after each. I am opposed to the application of any external stimulants, because I believe the injury to be too deeply seated for any such application to reach it. If, after the more violent inflammation is supposed to be reduced, a lameness remain, it may be advisable to blister, in which case I should use the ointment of biniodide of mercury, believing it far more efficacious than the cantharides. I need hardly say that in this, as in all inflammatory attacks, the state of the bowels should be carefully looked to, and they should be kept open by mashes and mild aloetic purgatives.

Rheumatism.—Chest-founder.—Flying Lameness.—According to Volpi, an eminent Italian veterinarian, rheumatism is an inflammation of the muscles, particularly common in those by which the limbs are moved, and essentially affecting both the horse and cattle. Sudden chills—forced exercise after long rest—humidity of the soil on which the animals sleep, and sometimes falls, are the cause of rheumatic affections. In the commencement of the affection, there is fever, sometimes slight, sharp pains in the shoulder or arm, loins or thighs, for rheumatism seldom affects more than one member, the animal is lame, the heat of the affected part is increased, and there is sometimes a slight swelling. If the shoulder is the seat of disease, the other parts of the limb are found to present no other lesion capable of causing lameness, and if we move the limb somewhat forcibly, in different positions, the animal shows signs of pain; lastly, lameness often diminishes, and sometimes quite disappears, under prolonged exercise. Blaine recognizes rheumatism as a "standard equine disease;" so do Youatt, Spooner, and Dick. Blaine describes it as an attack on the membranous and tendinous aponeurosis of the muscles, occasioned by cold and moisture, and that it appears both in the chronic and acute form. Most of the writers of the present day believe rheumatism to be

the disease called chest-founder, in the old farriery books, and I am perfectly convinced that what these old school gentlemen called "flying lamenesses," for we have heard of horses that would be perfectly sound for days, then fall suddenly lame for a day or two, and as suddenly get well again, without any treatment whatever, were simply rheumatic attacks. Now the question comes, has not this rheumatic affection, more common, by the way, in the shoulder joint than in any other part of the body, been often mistaken for shoulder sprain? I am perfectly certain that horses, as well as men, are liable to spasmodic muscular cramps, and these may, perhaps, be connected with rheumatic affections.

A remarkable instance of what I cannot but consider cramp, came under my notice the other day. Mr. Burke, the late Riding Master of the King's Dragoon Guards, brought a horse for me to look at, which was in his charge to break in, belonging to Mr. Whitney—lame in the near leg behind. The horse was very lame, and so evidently in the stifle joint that my partner, Mr. Mason, and myself, both concluded the horse to have sustained a violent wrench or strain of some of the ligaments connected with it—though we were also surprised to find that there was no heat or swelling, so we treated it as if it was stifle lameness, putting on a stifle shoe, etc. However, the horse was for some reason or other removed from our stable in the course of a day or two, and to our astonishment, when the stifle shoe was taken off, walked just as sound as he ever did in his life; I can come to no other conclusion but that this horse had cramp, and that only.

Treatment.—In a well marked case of acute rheumatism, if there appeared much local inflammation or generally increased vascular action, I should be inclined to use the fleam pretty freely, and open the bowels by aloetic purgatives and enemas. I should follow up this treatment by antimonial alteratives, combined with nitre and digitalis, and probably try the hydriodate of potass. Relief would also be afforded by any strong local stimulant; perhaps the liquor ammoniæ, in conjunction with camphor and olive oil, would be as good as any. When rheumatism becomes chronic, causing wasting of the muscles, and congestion of the membranes and tendinous parts, I believe that no treatment will be of much avail; we may, however, try mild doses of physic, with antimonials, alteratives, warm stimulating embrocations, bandaging, hand rubbing, and so on, and try the effect of a few months rest at grass, if the animal be worth the expense.—*British American Medical and Physical Journal, Montreal.*

5.—*A New Method of Whitening Bones.* By ELLERSLIE WALLACE, M. D. of Philadelphia.

During the past year, I have used sulphuric ether for the purpose of extracting the greasy matters from bones of which I have desired to make preparations, and have uniformly found it entirely satisfactory. I have used it for entire skeletons where they have been of value.

Twenty-five or thirty pounds of ether (which can be obtained for 18 cts. per lb.) is enough for a skeleton, if the bones be closely packed in a proper case. After pouring the ether on them until they are entirely covered, they may be left for some hours, or a day; then removing them, they should be allowed to dry thoroughly. This process should be repeated as often as may be necessary

Six immersions have been enough for a very greasy skeleton. It is prudent to wash the ether before using it, to remove free acid, and we may have the ether re-distilled after it is saturated with the oil. To morbid specimens, as of caries, &c., it is admirably adapted, as it removes the grease entirely, without injuring the delicate structure at all, which is not the case, as we all know, with any of the ordinary alkaline solutions.

PART V.

EDITORIAL DEPARTMENT.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.

We regret to state in consequence of a late fire which occurred in Philadelphia, that a large portion of the different volumes of the transactions were consumed, so that the committee will not much more than be able to supply the demand of those who have paid for the last volume. A few sets complete can be obtained by societies which have been represented in the association, or by members, if application be soon made to Blanchard & Lea, at the rate of twenty dollars a set. Or a few copies of vol. I. and III. can be had at the rate of two dollars per volume in paper, or two dollars and fifty cents in muslin covers. It is greatly to be regretted that a larger number of societies and persons had not availed themselves of the liberal offer of the publication committee; as it would have enabled the committee to avoid heavy pecuniary responsibility, in issuing vol. IV. and many would also have been supplied, who now find it impossible.

SUMMER MEDICAL INSTRUCTION IN CINCINNATI.

We would invite the attention of medical students who do not wish to attend a regular course of lectures in chartered schools in the interval of the winter session, to the announcement of the Medical Institute of Cincinnati, published in the January number of this journal. In this institution a general course will be given in a familiar way, with sufficient time to study the text books, or to pursue special subjects.

Those who wish in addition, or those who do not desire a general course, can find opportunity for private instruction in General

Pathology, Pathological Anatomy, Microscopic Anatomy, Physical Diagnosis, and Medical Chemistry, by applying to Prof. Lawson, who designs giving a thorough course on these subjects.

AMERICAN MEDICAL SOCIETY IN PARIS.

The following circular has been received, which we insert with pleasure. We are informed that the society was organized on the 15th of November last, and holds weekly meetings, in which reports of cases from hospitals are made, essays read, and discussions are had, which no doubt will result profitably to our brethren, who are pursuing their profession in the French metropolis. It has concluded to send delegates to the American Medical Association. The members consider themselves as forming an American Medical Colony in Paris, and that they are entitled to a representation in that body. We see no objection to this, and presume none will be made, unless it is contrary to the constitution adopted by that body.

The delegates appointed are Dr. R. M. Jones of Lexington, Ky. and Dr. A. J. Semmes of Georgetown, D, C.

CIRCULAR.

PARIS, Jan. 12th, 1852.

At a recent meeting of American Physicians in Paris, an association was established whose object is the promotion of medical science.

This association, essentially national, is now progressing under the most favorable auspices. It is intended to be *permanent* in its nature and is designated the *American Medical Society in Paris*. Notwithstanding the vast advantages afforded by the French metropolis for the study of medical and surgical science, we feel ourselves isolated from our national medical literature, and, therefore, confidently appeal to the conductors of American journals and periodicals.

We do this with the less hesitation, feeling assured that it will be not only a medium of improvement to ourselves, but a means of a more general diffusion and just appreciation of American Medical Literature.

By order of the Society.

A. J. SEMMES, M. D.

Cor. Sec. of the American Medical Society in Paris.

HEALTH OF THE CITY.

The health of our city has been remarkably good for several months, with the exception of some cases of bronchitis. This disease has prevailed to a considerable extent during the latter part of December, and throughout the month of January, and at the present time; the cases are not generally severe, but yield for the most part easily to treatment. Cases of neuralgic disease have existed in larger proportion than usual. The prevalence of these diseases may easily be accounted for by the severity and changeableness of the weather during the present winter.

CORRESPONDENCE.

We have received a communication from Jno. A. Skinner, M. D., of Dayton, in which he highly recommends the internal use of aqua ammonia in external poisoning from the application of animal and vegetable poisons. He combines it with sulphate of magnesia after the first few doses. He states that he has also used it in milk sickness with the most happy results. Its beneficial effects are also confidently anticipated in cases of the "bite of vipers in the Southern States."

Case of Placenta Prævia.—Dr. Selden, of Sharonville, O. furnishes the particulars of a case of placenta prævia, in which prompt turning, and full dose of ergot (30 to 40 grains) saved the patient's life. The following remarks embrace some judicious reflections:

I do not report the foregoing case, because I think its features or treatment present any thing novel or perhaps uncommon to most of your readers. According to my experience cases of the kind are very rare, the above case being the second that I have met in about fifteen hundred births that I have witnessed. I have seen many physicians of thirty or forty years practice, who had not met a single case. Dr. Meigs speaks of the rarity of the occurrence, but Dewess seems, from a remark of his, to think it very frequent. All other authors to which I have had access, bear testimony to the infrequency of placenta prævia.

As I have before remarked, I do not not think the foregoing report presents any thing more than an ordinary case of the kind, treated according to the principles laid down by most late authors on the subject. But so far as my acquaintance with the obstetric practice of the country is concerned, it has the rare merit of being successful; several cases of the kind have occurred in the practice of

my medical brethren in this vicinity, and all have so far as I have been informed terminated fatally. I do not attribute this want of success to any lack of skill, but to one or both of the following causes, viz: Delaying action too long, and tampering with the case in the commencement or neglecting to administer ergot in the last stage from the fancied opinion, that the patient is too far exhausted for it to act.

Now, in the first place, I remark that much as I commend the practice of regular physicians, in conferring and consulting with in cases of difficulty and danger, and mutually assisting each other to discharge the harrassing duties of our profession, and much as I respect the opinions of my medical brethren, I cannot but think the conduct of that physician reprehensible, who fearing to act on his own responsibility, lest he should be judged harshly by the vulgar, and lose a tithe of his popularity, should his efforts to save life terminate unfortunately, refuses to assume the responsibility of managing cases of such imminent danger as the one I have related losing valuable time, in calling connsel, until the propitious time for action has passed by. That man has not the requisite moral qualification for a physician who is not prepared to be sometimes stigmatized by the crowd as a "butcher." I deem it the duty of every physician, to meet such cases of immediate and imminent danger, as every case of placenta prævia, must necessarily present with firmness and decision, losing no time in acting when the favorable moment has arrived, and if he be really prepared to practice all the appliances of our art, he can rarely fail of success. Much has been written concerning the proper time to act in placenta prævia, and many arbitrary rules laid down concerning it, but my rule universally is to "act when I can." By this I do not wish to be understood, that I would under any circumstances advise a physician to lay violent hands on his patient's life. My very limited experience has not yet furnished me with a case of rigid and undilatable os uteri, complicated with that extreme muscular prostration, consequent upon excessive hemorrhage. Cases of this kind may have occurred, but I cannot reconcile them to my notions of pathological philosophy.

Second only to promptness in action, I regard the exhibition of ergot in a large dose, in the latter stage of every labor complicated with presentation of the placenta. An author lately remarks that it is the loss of the last half pint of blood under which the patient sinks. In all the fatal cases of which I have heard a particular relation, the patient seemed to die from the hemorrhage that occurred after the expulsion of the fœtus. If this as I believe be the case in most fatal results of the kind, it is certainly an object of the first importance to guard against it, by securing the rapid and permanent contraction of the uterus.

I have found nothing to fill the above indication like ergot. To

ensure its action in cases of great general muscular prostration, it must be given in conjunction with stimulants. Care should also be taken to have an article of the drug that is fresh, and can be depended on. In the first case of placenta prævia that I met with I gave after turning about two scruples of ergot, with a view to excite uterine contractions. I waited a full half hour, but no contractions came on. I then directed about two ounces of brandy, to be given mixed with twice that quantity of hot water. In about fifteen minutes I had the satisfaction to find the uterus contracting steadily and firmly. I do not think the giving of stimulants in great prostration from hemorrhage, at all increases the further loss of blood for very obvious reasons. I have not perhaps in in the above remarks advanced a single new idea, but if I have succeeded in impressing upon the minds of medical men, the necessity of adhering to, and carrying out in practice, principles that have stood the test of successful experience, I have accomplished my design.

Creasote in Burns.—Dr. Powell, of New Palestine, Ind. adds his testimony in favor of creasote in burns. He has used the remedy only in superficial burns, that is, when the disease was merely inflammatory without disorganization. Dr. P. regards such cases as partaking of an erysipelatous character, and hence he was induced to employ creosote. When applied it changed the red and fiery color, to a milky-white. In children the inflamed surface looked worse immediately after the application, but it would soon change to a brownish cast, and then speedily dessicate. This plan of treatment, according to Dr. P.'s experience, prevents ulceration and its consequences. He does not state the manner in which it was applied.

MISCELLANY.

Homœopathy.—A full meeting of the Edinburgh Medico-Chirurgical Society was held on the 19th November, no less than sixty-four members being present. After the transaction of routine business, the following interesting circumstances occurred :

Professor Syme, in moving "That the public profession of homœopathy shall be held to disqualify for being admitted or remaining a member of the Medico-Chirurgical Society," said,—that in addressing the Society on this occasion, he considered it to be quite unnecessary to enter into a formal refutation of the principles of homœopathy, but before proceeding further, he would exculpate himself from the charge of inconsistency brought against him by Dr. Henderson, to the effect that he had himself countenanced homœopathy in two instances. This charge appeared at the time in the various medical periodicals. Now, regarding this

inconsistency as tantamount to a practical falsehood, he (Mr. Syme) took the present opportunity of exhibiting the falsities of the accusation. The cases to which Dr. Henderson alludes are two in number. The fact is, there was a young man who had been under the care of Dr. Nimmo, who had been placed under his (Mr. Syme's) care. Finding that he had been attended by Dr. Henderson, Mr. Syme requested a meeting, not for the purpose of consultation, but to arrange for placing the medical treatment under the hands of another physician—Dr. John Taylor—as Mr. Syme felt that he could not co-operate with Dr. Henderson. In the second case, he met Dr. Henderson, being under no pledge not to do so. This is the whole extent of his countenance of homœopathy. Mr. Syme next stated what he conceived to be the duty of every member of the profession. As an individual, he had long refused to adopt homœopathy, because he regarded it as mischievous folly. As a member of a licensing board, he would not refuse any candidate who complied with the regulations of the University. If such an one were base enough to disguise his real sentiments in regard to the practice of physic, the disgrace would rest with him and not with the board. The duty of a Society like the present was, he said, clear. It was a voluntary association for upholding sound principles of practice, and for elevating professional character. If, therefore, a member departed from the principles of the society, and placed himself in opposition to them, he should be requested to withdraw from their body; or, if seeking admission, he should be excluded. He trusted the motion would be unanimously adopted.

Professor Simpson seconded Mr. Syme's motion, and alike also defended himself from the charge of meeting homœopaths in consultation, which emanated from the same quarter. Dr. Henderson affirmed that Dr. Simpson had met him in consultation on some cases; Dr. S., therefore, called upon Dr. Henderson to ask what these cases were. It so happened that Dr. Simpson had anxiously attended Dr. Henderson's own wife; but she, with her husband's sanction, was treated on the ordinary principles of scientific medicine, and not homœopathy. In doing this, no one would accuse Dr. Simpson of countenancing homœopathy. Dr. Henderson, however, mentioned two cases—one of uterine disease, and the other of disease of the labium. Dr. Henderson had, it is true, previously attended them, and had asked Dr. Simpson to take charge of them, but he did not attend them with, or for, Dr. Henderson. In one other case he certainly did meet Dr. Henderson at the bed-side, but this was a case involving an operation, and not internal treatment; but even in doing this much, Professor Simpson was now convinced he acted wrongly; he had erred in going thus far. However, even if Dr. Henderson's statements had been true to a far greater extent, it only proved, that hitherto

the Profession had been over-indulgent to hin
believing, as his friends did, that the delusion wo
But, because they had been over-tolerant, it was
they should continue so. It now became the duty
to make their stand, feeling that every proper co
themselves and the noble science they cultivate, calla
for a complete casting off of homœopathic practition , as abet-
tors of delusions and errors. Dr. Simpson continued to draw a parallel between these imposters and the brothers in another profession—Joe Smith and the Mormons. These two heresies, the homœopathic and the Mormonite, had in fact many points in common, and even both equally absurd. Some homœopaths profess Hahnemann to have been despised, [Witness the ravings of the clerical witling quoted by Dr. Cormack.—Ed. P. J.] as the Mormonites do of Joe Smith. It is true, we have no standard of faith whereby to test medical opinion, but we have the standard of common sense. Judged by this, Hahnemann's dogmas are a tissue of the strangest contradictions and the wildest absurdities. If a grown man were seriously to say that two and two make five, he would not be considered sane, as he defies the dictates of common sense. When other grown up men tell the world, that they can cure this or that disease by the billionth or decillionth of a grain of a drug, they express an opinion more palpably absurd than that of him who says two and two make five. If men would reflect what a billion or a decillion really is, they would not be so childishly credulous. There is no poison so strong that a billionth of a grain would in the least affect a fly, much less a human being. These people tell us, that division of their drugs invests them with "tremendous" power, but one of these "tremendous" billionths will not affect the frailest insect. For what is a billionth of a grain? Why, if a grain of sulphur were dicided into billionths, and our first parent, Adam, had, when living, (6,000 years ago,) swallowed one such billionth every second until the present time, supposing he had lived so long, he would not yet have swallowed half the grain. He must work on at the rate of sixty billionths a minute for 24,000 years to come to get through the entire grain. Yet, forsooth, these wiseacres believe that a few of these billionths will cure an attack of jaundice. Appealing to common sense, should not such men be requested to withdraw from scientific societies like the present? However, a billionth of a grain is a large dose; some give the tenth dilution or the decillionth of a grain. Little do they reckon what a decillion is. Here is its notation:—1,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. Now, the world contains nine hundred millions of human beings. If all these nine hundred had lived from the commencement of the world, and each had swallowed every second of their existence a decillionth of a grain, they would

not yet have finished the grain. And, say the homœopaths, a few of these decillionth globules of belladona will cure scarlet fever. One remark of Mr. Syme reminded Dr. Simpson of a curious fact in the early history of homœopathy in Edinburgh, proving on the one hand how far imagination will go, on the other hand, that all homœpathic globules are alike, or rather alike inactive. Some eight years ago Dr. Simpson received a present of a box of homœopathic medicines from an old school-fellow, who had set up as a homœopathic druggist. During the time it was in Dr. Simpson's possession it was given as a plaything to his son, then a child. The boy amused himself by uncorking the bottles, emptying their contents into a general heap, and then refilling them promiscuously. The effect of this was a complete compounding of the globules of different kinds, by mixing them together. It soon happened that a professional brother calling at Dr. Simpson's took a fancy to the box and carried it off. Many weeks after, the new proprietor of the box met Dr. Simpson, and told him he had been trying homœopathy with the contents of his box, and that he had accomplished wonderful cures. Dr. Simpson enjoyed the joke, and said nothing about the box, until, finding his friend had got deep into the homœopathic mine, and actually published a list of cases, he at length told him of the elaborate mixture the globules had undergone. This friend is Dr. Henderson!!! In conclusion, Dr. Simpson alluded to those imposters, who, pretending to be homœpathists, prescribed ordinary doses in the guise of globules, and practised either way, as best suited their own pockets and the caprices of the patient. These, he argued, should be expelled from the Society.

At the conclusion of this instructive as well as important meeting, the globulists, Drs. Rutherford, Russell, and James Russell, had the good sense to anticipate expulsion by resigning their seats as members of the Society.—*Med. Examiner condensed from Provincial Medical and Surgical Journal.*

Arsenical Poisoning.—A very interesting case has recently come before the French Tribunals, in which the question arose, as to the possible contamination of a corpse buried in an arseniferous soil. M. Barse, who was ultimately consulted, appears to have shown more than ordinary toxicological acumen. (*Union Medicale*, Sept. 1851.)

A man and his wife were accused, the one of poisoning his former wife, the other her former husband. Both coffins, buried in different cemeteries, were exhumed. The female was in good preservation, the coffin being intact; the male less so, the coffin being much decayed, and earth being found within it. Arsenic was found in both bodies, but the surrounding earth in both cemeteries was found to contain arsenic also. The chemists were puzzled,

but, from the fact that in the coffin of the female no arsenic could be detected in the cerements or other matters interposed between the corpse and the earth, they concluded that it was a case of poisoning.

M. Barse being appealed to, decided that this was the correct opinion, as the native arsenic in the soil was always mixed with iron, cobalt, or antimony, and could not be detected by ordinary reagents. Its solubility would also prevent its reaching the bodies by filtration. To confirm this view, he likewise examined other bodies buried in the vicinity of the two in question, but no arsenic could be detected. He further searched the chamber in which the man died, and finding splashes on the walls and on the floors, which indicated the vomitings of the patient, had the spots scraped carefully, as also other parts of the room, distant from the bed. The former matters contained arsenic, the latter none. The parties, on this, were found guilty.—*Medical Examiner.*

The Vital Point of the Medulla Oblongata.—M. Flourens, with reference to a communication by M. A. Regnoso, on the presence of sugar in the urine, took occasion to point out with additional precision that part of the medulla oblongata which he denominates the *vital point*, the prime mover of the mechanism of respiration. In 1827, M. Flourens had stated that this part did not exceed three lines in extent: he now added proofs that it does not extend to so much as an entire line. The limits had been traced by him in the brains of dogs and rabbits: the superior limits were at the foramen; the inferior at the point of juction of the posterior pyramids.—*Academy of Sciences, Paris.*

Tannnate of Quinine in Intermittent Fever.—M. Lefevre, of Rochfort, communicated statistics which went to show that the tannate does not possess powers superior to the sulphate of quinine in arresting ague. It is, however, more certainly retained by the stomach, and less frequently produces derangements of the nervous system.—*Academy of Medicine, Paris.*

The Cholera in the East, and its Progress towards Europe.—M. Robinet submitted to the Academy of medicine the following note, which he had received from Constantinople:—

"October 28th.—The cholera after having ravaged Bassora and the Persian frontier, has arrived at Bagdad, where it is committing great ravages. In twenty days it has attacked 1008 persons. The disease will probably ascend the Tigris, and it will be here (Constantinople) by the next autumn, or at the beginning of the winter of 1852–53. The Board of Health has decided that it will not adopt any quarantine regulations, but will merely direct its attention to hygienic precautions."—*Lon. Med. Gazette.*

Sweating Sickness in France.—For several days past the the sweating sickness has prevailed epidemically in the Commune of Gramot (Cahors), and has caused a great many deaths. The authorities have taken the most active and vigorous measures to prevent its spread.—*Lon. Med. Gaz.*

A New Method of Preparing Powders for use in Medicine.—WITTKE, of Erfurt, recommends a new and very useful form of powder. Tinctures, as is well known, generally possess the most active properties of the drugs from which they are prepared, but the amount of spirit which they contain often renders their employment inadvisable; Wittke, therefore, mixes tincture of hellebore, of cinchona, &c., with an equal quantity of sugar, evaporates to dryness, and powders the residuum. In this manner he succeeds in concentrating, in a very small bulk, the active portion of a very large quantity of the drug, and he prescribes the powder as saccharized cinchona, &c. These preparations bear some analogy to conserves, over which, however, they have a great advantage in being free from mucilage, vegetable albumen, and other inert matters.—*Dub. Quart. Jour. Med. Sc.*, Nov. 1851, from *Vierteljahrshrift fur die praktische Heilkunde*, Prag. 1851. Bd. 3.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The fifth annual meeting of the American Medical Association will be held at Richmond, Va. on Tuesday, May 4th, 1852.

All secretaries of societies, and of other bodies entitled to representation in this association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed.

The following is an extract from Art. II. of the constitution:

"Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

The medical press of the United States is respectfully requested to copy.

P. CLAIBORNE GOOCH,
One of the Secretaries,
Bank Street, Richmond, Va.

THE WESTERN LANCET.

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PART I.

ORIGINAL COMMUNICATIONS.

ART. I.—*Proceedings of the Medico-Chirurgical Society of Cincinnati.* Reported by JNO. A. MURPHY, M. D.

February meeting—Dr. Fries, Vice President, in the chair. There was a large attendance. Dr. J. F. White stated that he was not prepared to read his paper on Diabetes, as he has been making some investigations which he had not been able to complete. He asked leave to read it at the next meeting. The members being called upon to report interesting cases, Dr. Murphy reported the following:

Trismus Nascentium.—I delivered Mrs. C——, January 10th, of a healthy male child, which seemed to be healthy, and to grow until the eighth day. On the eighth night it was restless, and seemed to be in pain. Its mother thought it had colic, and administered some of the ordinary nursery teas. On Sunday, the day following, it refused to nurse, and was seized with what its mother thinks was a light convulsion, which returned at intervals of an hour during the entire day. On Sunday night it grew worse, not only refusing to nurse, but seeming to be unable so to do. On Monday morning early, I was summoned to see it. Its face presented a pale dusky hue; the orbicularis oris was contracted, causing the lips to pouch out, and slightly separate. The fore arms were flexed rigidly on the arms, and the hands clenched with the

thumb inverted on the palm, the feet also inverted. There was rigidity of the entire muscular system, which seemed to recur about every ten minutes, the paroxysms not, however, being absent entirely at any one time for the space of half an hour, during which I was present attentively examining the child.

There seemed to be a difficulty of swallowing, as there was a rattling in the glottis, and much pain manifested when fluids were placed in its mouth. Its breathing numbered at least forty in the minute; the pulse was so frequent that I could not count it. The umbilicus was protuberant, slightly swollen, of a pale red color; the cord had dropped off on the third day. I was somewhat puzzled to account for the symptoms present, but finally grouped them so as the nosological arrangements would place them in the class tetanic.

I ordered the child to have a teaspoonfull of lac faet., with the eighth of a drop of tinct. opii every three hours; to be placed in a warm bath, and to have a soft warm poultice to the umbilicus. Its bowels had been freely moved in the night with a dose of oil, which the mother had given to it. In the evening all of the symptoms were aggravated. I added to each dose of the medicine two minims of chloroform, and ordered it to be continued.

On the following day its condition was worse. A medical friend whom I desired to see it, suggested one-fourth grain doses ipecac every three hours, without, however, venturing a diagnosis. The child continued to sink, and on Tuesday night at eleven, P. M., died, four days from the time it was seized. I do not know whether the history I have given will be deemed clear. It approaches, however, nearly to a description of the actual state of the patient during its illness.

I think that this was a case of trismus nascentium. It is the first case I ever saw. From inquiry of several, I do not think it is often met with. In the tropical climates, it is a disease that prevails largely and with a wonderful fatality.

T. B. Curling, Assistant Surgeon to the London Hospital, received the Jacksonian Prize Essay for a monograph on Tetanus, in which the history of this disease is treated of at large. According to Curling and nearly all American reporters, the disease generally appears on or before the ninth day, rarely after it. It occurs occasionally in England, and is of frequent occurrence in the highlands of Scotland and in

Switzerland. In Iceland it is very fatal, almost every child dying of it before the ninth day. No means of cure have been devised for it by the unhappy Icelanders.

The disease prevails, however, mostly in warm climates. At one time it was very prevalent in the lying-in Hospital, every sixth child dying within the first fortnight. During its long prevalence in this hospital, no one recollects of a single cure having been made. Dr. Joseph Clark, who reports the statistics of this hospital, attributed the prevalence and fatality to the vitiated state of the atmosphere. After a better ventilation had been established, the per centage of deaths from being seventeen diminished to six. It has prevailed in some of the islands of the West Indies with great severity. No children, either white or negro, can be raised on some plantations in the South. The cause and pathology of the disease are agreed upon by only three of many individuals who treated and reported cases. Dr. Goelis of Vienna, Billard of Paris, and Thompson of Philadelphia, are the only writers who agree upon the cause. Effusion of coagulated blood in the spine was the only post obit condition found, and hence congestion of the spinal cord is affirmed to be the cause.

Dr. J. Marion Sims, of Montgomery, Alabama, in an article on this disease, attributes the disease to pressure on the occiput from the constant position of the child while asleep. He believes that the disease is produced from the carelessness of mothers in allowing infants to remain too long on one side. In a long argument he shows how congestion of the veins of the spinal marrow and consequent effusion is produced by pressure on the occiput. Dr. Hort, of the New Orleans Medical and Surgical Journal, details the history of a case in which he discovered the cause of the disease as contended for by Dr. Sims. In this case, on the third day after birth, Dr. Hort found the occipital bone pressed under the parietal. All of the symptoms of the case (in a severer form) which I have given, were present. He cut down upon the lamdoidal suture, separating the occipital and parietal bone of the right side, and with a grooved director forced the occipital bone back into its place. The child had one convulsion afterwards, and recovered. The child was kept reposing on either side.

Dr. Axson, of New Orleans, stated before the Physo-Medical Society, that on a certain plantation in Texas only four or six children had ever been raised, all the others dying of trismus; while on a plantation but a short distance removed,

the disease was not known. The same negro midwife officiated on both plantations.

Some authors attribute the disease to diseased and ulcerated umbilicus, others to certain articles of diet, while others believe it to be produced by retained meconium, and, again, some who think it results from active purging. Dr. Hester, of New Orleans, in a long article on tetanus, says that "it seems to be produced by the action of an unhealthy atmosphere upon extremely delicate and nervous systems. It sometimes assumes an epidemic character, seizing *toutes les nouveaux nees* in an extensive district, the moment they assume an independent existence and become exposed to the influences of light and atmosphere."

A writer in the last number of the Boston Medical and Surgical Journal, in an article on tetanus, states "that he has seen cases of tetanus ensuing on ulceration of the umbilical cord of children, the spasms affecting the muscles of the back. Mothers are often anxious about the state of the cord, and call the attention of the physician to see that it is doing well, in fear that the disease may supervene.

Dr. W. B. Wailer, of Warren county, Mississippi, details the history of a case treated successfully by giving one grain quinine with one-eighth grain ipecac. In a note to the editor of the New Orleans Medical and Surgical Journal, he uses the following language: "About two-thirds of the deaths amongst negro children is from this disease, and so uniformly is it fatal, that a physician is never sent for. I am of the opinion that the disease may be prevented by the proper application of the bandage." He does not, however, state what "the proper application of the bandage" consists of. The editors of the Journal observe in a note to this case, "that the affection is by no means confined to *colored* children in New Orleans, but is occasionally met with in the most respectable families." In the same Journal, Dr. Hughes of Black River, suggests that "vaginal disease (I will not say venereal) in the mother, is the cause of trismus. The treatment is obvious. Thorough ablution after tying the cord and before dividing it; and perhaps the application of nit. argent to the cut extremity after it is separated."

The members of the Society are already aware of the uncertainty which obstructs any clear pathological or etiological view of this affection. The only individual who has had any success (from the reports given in the Journals) in the treatment of the disease, is Dr. August. Eberle, of Jefferson

county, Kentucky. The main point in his treatment was counter irritation by a blister to the parts adjacent to the umbillicus. All of his, amounting to six or seven, had a diarrhœal condition of the bowels, to correct which small doses of hydg. sub mur. and chalk were given. The February number of the St. Louis Medical Journal for 1849, reports several cases treated successfully on the plan of Dr. Sims.

I do not think that injury done to the cord can be held to be a cause. Without, however, trespassing any farther at this time upon the patience of the Society, I think the opinion that the cause is often atmospherical, is worth much consideration. In regard to the exciting cause in the case I have here reported, I can only remain silent in my ignorance. There is a strong probability I believe that there was inflammation of the veins of the cord and absorption of pus.

The pathology and treatment of idiopathic and traumatic tetanus, is by no means fixed—and like the disease in the young neonatus, it is very uncertain. I hope the members of the Society have some facts and useful observations to give us on this disease.

Dropsy of the Fœtus in Utero.—On Friday night, January 9th, at 11 o'clock, I was called to see Mrs. Williams. On arriving at the house, she informed me that she thought she was about to miscarry. She said she felt as she had on several occasions before when her child was dead, and she had miscarried. She had given birth four times to children dead at the seventh month. The first time she expelled twins dead, at the seventh month. The next two pregnancies went to the full time. These were followed by three pregnancies, which were arrested at the seventh month, the child in each case being dead. She thinks she has not felt the motion of the child for several days, and has been much oppressed by a sensible increase of the womb in size for several days. The os uteri was in a soft patubous state. She complained of some pain which came on three days ago. I ordered a pill of opium and camphor, to be taken every three hours. At my visit of the next morning, I found that the pain had been subdued, and that she had slept some. Hoping that I might be able to prevent an abortion, I ordered her to continue a pill every four hours and to keep quiet. No hemorrhage had taken place.

On Sunday morning, January 11th, at 3 A. M., labor pains

again returned. The labor proceeded till 10 A. M., when she was delivered of a female child between seven and eight months advanced in utero-gestation. When the second stage of labor was about completed, I ruptured the membranes, which let off an unusual quantity of liquor amni. So large in quantity, that it soaked through a straw bed upon which she was lying, and formed quite a puddle on the floor.

The child lived about ten minutes. Its face was of a dark venous color. The abdomen was distended very much with water. At first, I was uncertain whether it was a dropsical or tympanitic distension; palpation, however, soon settled the matter.

On the next day I obtained permission to examine the child. The abdominal or peritoneal sac was filled with a straw colored fluid, amounting to a quart, more or less.

The viscera seemed healthy. It may be probable that there was slight abnormal developement of the liver. The entire areolar or cellular tissue was filled with fluid.

As a matter of some interest, I may state that I found the foramen ovale in a patulous state. There was no disease of the placenta or cord.

The mother of the child is of a sanguine lymphatic temperament. Her health has been good; no syphillitic taint could be discovered either in her or her husband. Being plain people, and having spent the greater part of their lives in the interior of a southern state, I do not think there is any venereal taint in either party.

This is not the first case of the kind that I have met with in my obstetrical observation. It would be a piece of knowledge much to be valued, if the cause of these frequent abortions could be discovered. Three years ago, I delivered a woman of her tenth dead child. She had not been able to carry any one longer than eight months.

Presentation of the Breech in two successive Labors; Twins in the last, and total want of Milk in the first.—The subject of this case is a woman now in the nineteenth year of her age. Her first labor was a tedious one. The breech presented, and the child was delivered alive. She had no secretion of milk at all. On the third day a small quantity of watery fluid appeared in the breast, but on the fourth day it entirely disappeared.

About six weeks ago I delivered her a second time of twins. They both presented by the breech, and were delivered alive

and are doing well. The secretion of milk is perfect, though not large.

Collodion as a Preventative to the Pitting of Small Pox.—I have applied collodion to the face of two persons suffering with this disease. One of the cases was confluent. I applied it for the first five days; in both of the cases the pitting is very slight. I am confident from the observation of its action in two cases, that much of the disfiguring so common in severe confluent cases of this disease, may be prevented by this remedy. With the young female portion of our patients, this, as all know, is not only a matter of much use and satisfaction to ourselves, but still more so to them. The application of collodion to wounds and cutaneous diseases, is becoming very popular, both in our own country and on the continent of Europe. I have not applied it to any disease of the tegumentary surface, but small pox, severe burns, and lacerated wounds. With its action in the two latter I was not pleased. In the case of a severe scald in a little boy of five years, who pulled a tea kettle full of boiling water from a stove and received the injury upon the abdomen and thighs, I applied collodion with the effect of almost inducing convulsions, so severe was the smarting and pain caused by the collodion. I also applied it to a lacerated wound of the hand, produced by a circular saw, with the effect of causing a great amount of suffering to the patient. In cases of clean cut or incised wounds, its application has eventuated in completely healing by first intention beautifully. From my limited observation, I do not think it acts well in those wounds where there is any loss of the cutaneous covering.

Dr. Evans, of Chicago, reports several cases of incipient abscess of the mammæ of lying-in women cured by its application. He thinks its action is explained by the uniform but steady compression exerted upon the entire mammæ. His directions are to paint the entire mammæ with it, so as all parts, excepting the nipple, shall be covered.

Dr. Freer publishes the report of several cases of erysipelas treated by applying collodion with a camel's hair pencil, to the inflamed part. The pain and the redness disappeared immediately on its application. Several French physicians, and among them M. Aran, have gone so far as to treat acute inflammatory rheumatism and peritonitis by applying collodion to the affected parts. They have dispensed with the time honored and sound antiphlogistic treatment by vene-

section, in these cases in which collodion was used. We must of course abate some considerable of our belief in the reports of these French brethren, from their known enthusiasm, and extreme desire for originality, almost all of them struggling to be esteemed *coryphei* in their respective specialities.

Has any member of the Society any observation of the therapeutical action and uses of collodion?

Prof. Mussey remarked that he had not applied collodion to lacerated wounds. He thought it would not do well. To assist healing of clean cut wounds by the first intention, he had been pleased with it.

He had treated a compound dislocation of the elbow joint recently in the Commercial Hospital, by the application of collodion. The patient had fallen out of the third story of a house in the night, and had the luxation reduced before entering the Hospital. The wound was large, but there had not been any hemorrhage. He applied collodion on slips of muslin, and covered the wound with several of the slips so as effectually to shut out the air. The wound did well, and the patient had the free use of his joint. He had also applied it in one case of erysipelas, which had marched over the face and scalp, which with mild purgatives conducted the case to a favorable termination.

Dr. Comegys said that he had applied collodion to the face of a patient with small pox, but was compelled to remove it with ether, from the pain and smarting caused by it.

Dr. Conner said that the report of the case of abortion by Dr. Murphy, brought to mind a case which he had very recently discharged. The case had given him great trouble, and had excited his concern for the patient.

He was called hastily to see a lady, and on arriving at the house found a fœtus of two months utero-gestation expelled. The placenta could not be found. He supposed it might be in the bed, but after careful search could not find it. The woman had no hemorrhage. She did well for six days; afterwards on the seventh day he was called, and found her flooding severely. It had made its appearance on her going up stairs. He had been in doubt as to whether the placenta had been expelled, and the hemorrhage returning excited his fear still more. He applied the tampon cold to the vulva and uterus, and gave the ordinary internal remedies; she continued to bleed for two weeks. He finally gave ergot in four doses, which expelled what he believes was the placenta; it looked

and felt like it. The os uteri had not been dilated any during the hemorrhage. No fœtid odor or discharge came from the patient during the retention of the placenta. Dr. Conner thinks it was adherent, and that it continued so for want of uterine contraction. He asked if his treatment had been good.

Dr. Conner also reported a case in which the placenta had been retained for two months, and finally delivered by Dr. W. H. Smith, who was not, however, a member of the Society. The woman had aborted, and had been treated by a homœopathist, who gave her medicine in small globules for five weeks, to expel the placenta. Becoming dissatisfied, she discharged him, and called in a brother homœopathist, who stated to her that the doctor was a fool, or else he could have brought away the placenta. He told her that he would bring it away, and accordingly mixed some medicine in two tumblers, telling her to take so much out of each tumbler. He continued his attendance for three weeks, when he was discharged, and Dr. Smith was called, who administered largely of ergot without the effect of bringing away the placenta. The patient had suffered severely from hemorrhage for two months, and had become very much reduced. He then delivered the placenta by the introduction of the finger into the uterus and drawing it down.

Dr. Conner desired the opinion of members upon the management of retained placenta in cases of abortion.

Prof. Mussey said that he had been successful in a case of abortion in delivering the placenta, by introducing the end of the scoop belonging to a lithotomy case of instruments. He thought that immediate attention ought to be given to the delivery of the placenta in cases of abortion. He said he had never seen a case of trismus nascentium.

Dr. Murphy said he thought trouble was made by the improper administration of opiates and astringents in many cases of abortion. As soon as the attention of physicians was called to abortion, acet. plumbi, opium, turpentine, and sulph. acid were administered, without a careful examination of the os and neck of the uterus. Rigby in his work on obstetrics, says that whenever there is bagging of the neck of the uterus, abortion cannot be prevented—it is unavoidable. Dr. M. had found this condition of the neck present in many cases where abortion had taken place. When this state of the neck is found, instead of giving opiates and astringents, means should be resorted to which will assist the abortion. Women

seldom die from the hemorrhage in abortion, and hence in these cases by using the tampon and the ordinary internal remedies, the hemorrhage is not controlled, but uterine contractions are; and in many cases he had no doubt that retention of the placenta was produced. After dilatation of the os, ergot would be the remedy. Dr. Murphy asked the opinions of the members in regard to the cause of the frequent abortions in the case he had reported. This woman had importuned him for either a remedy to prevent pregnancy, or the death of the fœtus.

Dr. T. Wood said that he attended a woman several years ago, in her eighteenth abortion. The cause of the frequent abortions in this case was an osseous tumor of the size of a goose egg, which had grown from the right sacro-illiac synchondrosis. It had prevented the development of the uterus. The abortions had all taken place at the third month.

Dr. William Judkins. The causes of abortion are very numerous. Periodicity was generally established after the first abortion, and it was difficult on this account, in many cases, to prevent it. Some women cannot be forced to abort, while the slightest cause acting on others will produce it.

Dr. Fore. No case is more troublesome than that of abortion. He had been more troubled, and more excited for the life of his patient during an abortion, than with most any other disease appertaining to women. Remembers several women who have each aborted sixteen or seventeen times. The Doctor reported a case in which he was compelled to produce abortion on account of general dropsy brought on by the pregnant state, to save the woman's life. He punctured the membranes, and as soon as the os uteri was sufficiently dilated, turned and delivered. The pregnancy was in the sixth month. The abortion was decided upon in consultation. The Doctor said that in cases where abortions had taken place frequently in the early months, he had in succeeding pregnancies prevented them, by keeping the patient in the horizontal position for several months.

Prof. J. P. Judkins. Abortion is met with in two very different conditions of the economy: 1st. In those of the full plethoric habit. 2d. In those of the very opposite. The treatment of the one is wholly unsuited to the other. Bleeding, rest, cold, and astringents, are generally efficacious remedies for the first class. The second class require opiates, rest, and stimulants. Is opposed to the use of the tampon as a general precept of practice. Has received great benefit from

the use of biborati of soda. Thinks it unsafe to interfere with manual force or instruments for the delivery of the placenta, as there is great danger of inducing metritis. Believed that the cause of the death of the fœtus and its abortion in the case reported by Dr. Murphy, to arise from an impoverished state of the blood of the woman—and that, in consequence, the child not being able to receive blood of sufficient nutritive power, perished.

Dr. David Judkins. Protests against the doctrine recommended by the last gentlemen; does not believe that there is danger of metritis from manual interference in the delivery of the placenta. Never waits longer than twenty minutes before proceeding to deliver the placenta, in ordinary cases of lying-in women. The long time that it is necessary to keep the hand in the uterus in the operation of turning, proves that there is not that danger of metritis which many gentlemen fear from manual interference in the delivery of the placenta. Is strongly convinced that the immediate delivery of the placenta is correct and sound practice.

Dr. Murphy thought that there must be some mistake in reference to the placenta being retained in the uterus for two months, without decomposition.

Prof. John Bell said that it was hard to believe that the placenta could be retained for any length of time, without decomposition; yet Naegele, a high authority, states several cases, and even some where the placenta was ossified.

On motion of Prof. Bell, a committee of five was appointed to solicit subscriptions for erecting a monument to Jenner. He said it was not expected that the subscription by each individual would be large. Our English brethren were well able to build it themselves, but desired that we Americans who felt a strong regard for the character and achievements of the great Jenner, should be allowed to contribute.

The Chairman appointed Prof. Bell, Drs. T. Wood, Quinn, Prof. J. P. Judkins and Threlkeld.

The Executive Committee reported that the Medical Library Association had fitted up a fine suit of rooms, and proposed to rent them to the Society. The committee offered a resolution to accept of the proposition, which was carried.

The Society then adjourned to the first Thursday of March.

Dr. David Judkins announced that he would read a paper on hemorrhage, at the April meeting. Prof. J. P. Judkins also announced that he would read a paper at the next meeting, entitled, Practical remarks and observations on Femoral Hernia.

ART. II.—*The Pathology of Apoplexy.* By V. KERSEY, M. D. of Milton, Indiana.

There are probably few periods in the life of the medical student, in which he is more thoroughly apprised of his incapacity to fill his place, than when he sits down to write a thesis. This was the case, at least, with the writer of the paper in question, he felt the task to be quite at variance with all his habits; that he could not perform it in a manner, to be satisfactory, even to himself; and that it was more to be dreaded, than the entire ordeal of the *greenroom.* It is, nevertheless, very properly made an indispensable condition. So that no degree of incapacity, or repugnance, can exempt any medical student, from the obligation to take this, among the many preliminary steps to fellowship. Under this necessity, a thesis was written, on a subject which had claimed some previous thought, and prompted some inquiry. The production fell short of the writer's wishes, in several points; and he was sensible that it contained many imperfections; he was also aware that it would be exposed to the observations of men of superior learning and capacity, well able, at a hasty perusal, to see imperfections that had not been seen, and to determine at once, the relative amount of truth, of error, and of folly, it contained. These reflections, though humiliating, were sustained with some cheerfulness, for it was not then, even dreamed, that by any fortuitous event, the paper could possibly fall into the hands of the present reviewer. Had the writer of the thesis volunteered, as an author, with a view to propagate some crude notion of his own; or like the reviewer, had he from a sense of duty, deliberately raised his voice, and employed his pen, for the expurgation of our medical literature; then, in either case, he would have felt that a production of some intrinsic value was necessary, to justify him in the extenuation of his professional brethren. But the case was every way different from this: the thesis was written and deposited with the trustees and faculty of the Medical College of Ohio, not for publication, nor with the most remote prospect of such an issue; but in simple conformity with a universally established requisition, in all similar institutions. And here the agency of the writer terminated. These circumstances are argued as a standing apology, for the many imperfections which the paper originally contained; (in addition to which, we now have not less than a dozen typographical errors) and it is hoped, that if they afford no pal-

liation of his errors, they will be deemed sufficient, at least, to exculpate the writer from the odium due to one, who presumptuously obtrudes himself upon the public as an author, without accomplishing a single end, beyond the display of his own folly, and the gratification of his own vanity.

The reviewer professes to have undertaken his task, from a conviction that he owes it as a duty, to stay the progress of fallacy and misrepresentation, and "to state correctly the leading views of our common profession." And, in the face of such claims, the most remote suspicion, that he could have been influenced, in the progress of his labor, by any other than the most laudable, unselfish, and purely benevolent considerations; would be eminently wrong and injurious, and should not for a moment, be entertained.

He charges that the thesis sets up "a claim to *originality*." It is perhaps sufficient to state that no such claim is made in that paper. Nor does any thing occur there, which admits, without direct violence, of such a construction. It is not even pretended that the thesis presents an original view of the pathology of apoplexy. On the contrary, it is there distinctly stated, that the works of three eminent authors had fallen under the observation of the writer, who advocate the leading views presented in the thesis; and further, that these pathological views, notwithstanding the eminence of their advocates, are rejected as unsound by several distinguished American writers.

It may not be amiss to devote a moment to the consideration of some of the terms used by writers on apoplexy; for it would seem that much obscurity has crept into our science, from the vague use of words. When a writer uses the word *congestion*, it is legitimate to suppose that he uses it in its obvious sense, as implying "an unnatural accumulation of blood in any part of the body, or in any subordinate system of parts." Hence to speak of congestion of an organ, without qualification, is to affirm that the said organ contains, in the aggregate, an unnatural accumulation of blood. To speak of arterial congestion, or venous congestion, is different; in that case there may, or may not be, an unnatural accumulation of blood in the aggregate vessels of the organ.

Compression, implies "the act of forcing the particles of a body into closer union." A process which, it is quite obvious, can only apply to substances in themselves compressible. The amount of pressure, and the mode of its application, may be infinitely varied; but if the substance tested be in-

compressible, the experiment must, of course, constantly fail. Incompressibility does not, however, imply solidity or resistance to impressions. On the contrary, many incompressible substances may, on the slightest manipulation, be moulded into an endless variety of forms. Absolute incompressibility, it is possible, should not be affirmed of any substance in nature. Water was long believed to possess this property, and to all ordinary observation it unquestionably does—yet it is now generally believed to be reduced in volume about fifty millionths, by the weight of the atmosphere. This fact, taken in connexion with the conjecture of Sir Isaac Newton, that if the earth were so compressed, as absolutely to obliterate its porastiy, it might not exceed the dimensions of a cubic inch, should, perhaps, restrain such an affirmation. Yet it is not likely that a better term than *incompressible*, will be applied to that class of substances, which have not been reduced by the application of powerful pressure, within sensibly narrower limits. In a similar manner, we speak of elementary, or simple substances; not because we certainly know them to be such; but because they have resisted all attempts at decomposition.

Now, when a writer makes *compression* of the brain, dependent on *congestion* of that organ; we are compelled to understand him, as maintaining such an accumulation of blood in its aggregate vessels, as from the unyielding quality of the cranium, "forces its particles into closer union." This, of course, could not occur, if the congestion were simultaneous with a corresponding recession of cephalo-spinal fluid, or any other substance, from the cranial cavity; because a positive increase in the aggregate contents, is indispensable to such an event. Hence, when no such recession of fluids is mentioned by a writer, and when it would unquestionably defeat the effect, which he claims to be caused by the congestion, we are not authorized to suppose that he admits the occurrence of such an event.

In conformity with these views, the thesis contains the following paragraph: "It will, perhaps, not be denied that the current doctrine of the profession is, that the apoplectic state of the brain, consists of an unnatural, and undue compression of that organ; and that the compression is owing to a sudden and decided increase in the aggregate contents of the cranium. These two conditions, by the legitimate showing of the profession, sustain the relation of cause and effect. Either, therefore, we have congestion of the brain, consisting

of a decided increase of the aggregate contents of the cranial cavity; or compression of the brain, is not the pathological condition which constitutes the apoplectic state of that organ." But the reviewer says, "It may, however, we think, be very clearly, and satisfactorily shown, from the records of the profession, that the medical profession do not, and never have occupied the present position, as assigned them by our author. In other words, the profession have long held, and we think most clearly taught, that compression of the brain, as it exists in apoplexy, is not necessarily dependent upon the possibility of increasing the aggregate contents of the skull."

The writer was aware that there is some diversity of opinion respecting the efficient cause, as well as, perhaps, every other question bearing upon the nature, and pathology of apoplexy. And in using the phrase *current doctrine*, he would not be understood to affirm that it is universally received; but only a common, a popular doctrine of the profession.

Let us review the premises, and see where the error really lies. HOOPER says, "The immediate cause of apoplexy is compression of the brain, produced either by an *accumulation of blood in the vessels of the head*, and distending them to such a degree as to *compress the medulary portion of the brain;* or by an effusion of blood from the red vessels, or of serum from the exhalents, which fluids are *accumulated in such quantity as to occasion compression.*"

LISTON says, "that compression of the brain may be occasioned by an effusion of blood upon the surface of the organ, or in its substance."

GREGORY says, "The opinion which attributes apoplexy to pressure on the cerebral mass, or its appendages, is undoubtedly applicable to a large number of cases."

GOOD attributes the disease "*to compression*, and for the most part, *sanguineous compression of the brain.*" And after noticing a number of speculations on the subject, he concludes with the following remark. "But we hold, after all, that the grand exciting cause of apoplexy is compression." And although he attributes this compression generally, to an extravasation of blood, he admits that it may be produced either by an effusion of serum, or by congestion.

STOKES, in his lectures, attributes the disease to any one of the following causes of compression of the brain. "First, *great congestion of the brain*, in which the vascular system of that organ is *over loaded*, but without extravasation of

blood, or serum. Second, we may have this *congested state* of the vessels of the brain, *with an extravasation of blood* on its surface. Third, with an effusion of blood in the substance of the brain." He further says, "the increase in the quantity of blood circulating in the brain, may arise from two causes, one dependent on the interruption of the venous circulation, the other produced by the increased action of the arterial system."

DEWEES says, "We consider pressure on the cerebral mass, or its appendages, as the real efficient cause of apoplexy in every case." And he goes on to state that "this opinion of the proximate cause of apoplexy has been almost universally adopted, within the last few years."

EBERLE, dwells on this subject, and advances the popular doctrine with more precision than almost any other writer. We take the following from his *practice*. "That *vascular engorgement*, and *consequent pressure on the brain*, is capable of producing all the peculiar symptoms of apoplexy, admits of no doubt. *A sudden, violent determination of blood to the head, and consequent cerebral compression, may immediately destroy all sense and voluntary motion.* When the blood flows more rapidly into the arteries of the brain, than it can be returned by the veins, *preternatural distension of the cerebral vessels must be the consequence;* and this general vascular turgesence, must exert an unusual degree of *pressure on the cerebral mass.* From a careful examination of much that has been written on the subject, as well as from my own observations, it appears to me clear that the opinion which assigns the characteristic phenomena of apoplexy to *pressure on the brain*, is the correct doctrine on this point."

WOOD, holds the following very pointed language on this subject. "*Pressure on the brain enters essentially into the definition of apoplexy.* Moreover, it must be somewhat sudden, and not the result of a slow organic growth, or very gradual liquid accumulation. Besides, it must originate within the cranium, as otherwise, we should be *compelled to rank compression of the brain*, from fracture and depression of the bone, *with apoplexy. In all cases* of true apoplexy, the symptoms are produced, either by *simple congestion of the brain, hemorrhage* within the cranium, or sudden *serous* effusion."

From the small number of medical books in the writer's possession, the above quotations have been made. He has a a number of other works that speak of compression of the

brain as a common event. And he does not possess a single treatise on apoplexy, that does not favor the pathological views, more or less distinctly maintained by each one of the above-named authors. It will be observed that they concur, with great unanimity, in attributing the disease to excessive pressure on the brain. Many of them maintain that this pressure is so vehement as to produce compression of the medulary portion of that organ. There is a similar unanimity among these writers, in attributing the compression of the brain, which they allege to be the efficient cause of apoplexy, to congestion alone of the brain, or to congestion and extravasation of blood, or effusion of serum. These authors are all recent, and occupy the first rank in the profession as writers. They have all, or nearly all, for a long series of years, held the most exalted posts, as teachers in several of the most noted medical schools in the world. In addition to which, the writer is well aware, that many other distinguished authors, whose works are not now within his reach, maintain similar views on this subject. And he would freely confess, that were he in the habit of receiving medical doctrines on *testimony* alone, he could not, for a moment, hesitate to admit, that apoplexy is produced, by compression of the medulary portion of the brain, and that this compression is the legitimate effect of congestion, extravasation or effusion, one, or all, to the extent of increasing materially, the aggregate contents of the cranial cavity. The writer of the thesis felt fully justifiable in stating the doctrine as he did, and sustaining it by a few simple quotations; for he supposed the paper would be seen, only by men, fully competent to estimate the accuracy of the statement. But since it is otherwise, and since the reviewer seems inclined to impeach the writer somewhat highly; we beg the indulgence of a different class of readers, while we trace, for his sake alone, the ulterior steps of the mental process, by which we are led, in good faith, to the ultimate conviction, that such are "the current doctrines of the profession."

PROF. MAYO, in his *Elements of Pathology*, devotes just one page to the advocacy of views, at irreconciliable variance, with those maintained in the above quotations.

SIR CHARLES BELL, in his Institutes of Surgery, has ten lines of a similar cast. The writer had seen some notes from Abercrombie, and two short ones from Clutterbuck, of a like bearing. He had learned that these views were long ago advocated by Monroe and Kellie, but that they were generally

regarded as vague speculations, susceptible of easy refutation. The writer had the misfortune to believe that he saw in these vague and unpopular speculations, many elements of demonstrable truth. It is true, he regarded all he had seen of these speculations, as falling far short of a thoroughly elaborated system of either the physiology or pathology of the cerebral circulation. They were considered as embracing some errors; and omitting some important illustrations, afforded by the laws of nature, and the surrounding elements, which our science has been slow in applying to the elucidation of the phenomena of life, either in health or in disease.

At this stage of the inquiry, the writer got possession of the second number of the second volume of the Western Journal of Medicine and Surgery, for 1848. Which contains a somewhat elaborate review of a book written by George Burrows, M. D. &c. &c. &c., on the disorders of the cerebral circulation, &c. From which the writer learned that the materials from which the said book was composed, formed the substance of the Lumlelian lectures, before the Royal College of Physicians in London; and that the physiological and pathological doctrines broached in the lectures, *had attracted favorable notice from many*, whose opinions were highly valued; among whom Dr. Burrows mentions Todd, Budd, Paget, Williams and Watson. And of the latter gentleman, who had, in his writings, advanced opinions on the subject before us, similar to those of Kellie, Abercrombie and others; Dr. Burrows says, "I have the satisfaction of finding that this whole interesting subject has been carefully reviewed by Dr. Watson, who handsomely admits, that the experiments and arguments brought forward in this section, (the first section of Dr. Burrows book) "have most convincingly shown, that the conclusions of Dr. Kellie and others, were erroneous. The theory which is thus demolished," continues Dr. Watson, "envolved probably more than one erroneous assumption. By the refutation of a prevalent error, not unlikely to warp or mislead our practice in some cerebral disorders, the science of medicine has derived an essential service." (Watsons Lecture on the Practice of Physic). Burrows on the Cerebral Circulation, note p. 6. So that Dr. Watson most distinctly retracts what he had said in favor of the physiological and pathological views of Kellie, Abercrombie and others, and handsomely yields an unqualified support to the opinions of Dr. Burrows on this subject. And what are the said physiological and pathological views

of Dr. Burrows? His Louisville reviewer represents him "as effectually demolishing the theory that the absolute quantity of blood in the head, is at all times nearly the same. A showing beyond a doubt, that "the cranium is not a perfect sphere, in the sense in which it has been supposed." "That the brain is subject to variable degrees of pressure, by which its functions are materially influenced; at one time this *pressure is excessive, suspending the functions of the organ, and producing coma;* at another time it is *deficient*, proving inadequate to sustain those functions, and hence we have *syncope.*" He says, *in all cases* of simple apoplexy, there must have been a previous state of *congestion of the vessels of the cranium*, brought on either by determination of blood to the head, or detention of blood in that part. *Then a tightening of the full vessels, occasions extraordinary pressure on the nervous pulp, and hence the coma.*" These then are among the conclusions to the sanction of which Dr. Burrows has so triumphantly conducted Watson, Williams, Paget, and a host of others, in Great Britain; and among us, his Louisville reviewer, and we know not how many more. And these, all together, are some of the considerations which lead the writer of the thesis to suppose that the doctrines stated there, are among *the current doctrines of the profession.* But we have neither sought nor found the precise words there used; and it is extremely doubtful whether the reviewer will see anything in any, or all, of these quotations, that will embarrass for a moment, his process of "showing very clearly and satisfactorily, that the medical profession do not, and never have occupied the position assigned in the thesis." And if so the writer can only say, by way of conciliation, that it seems to be his standing misfortune, and the source of many pungent regrets, frequently to differ in opinion with *great men.*

But let us see how the reviewer sustains his contra-position; and which he lays down in the following words. "The profession have long held, and clearly taught, that compression in (of) the brain, as it exists in the apoplectic state, is not necessarily dependent on the possibility of increasing the aggregate contents of the skull." The use of the phrase, *as it exists in apoplexy*, is in all probability designed to mark a just distinction between that compression which constitutes the alleged cause of apoplexy, and trumatic compression of the brain. But its introduction may be a subterfuge of the astute reviewer. At any rate, it is sufficient to shift, entirely

the bearing of the proposition. Compression of the brain, as it exists in apoplexy, in the estimation of the writer, is not compression at all. And of course we admit that compression, which is not compression, may be produced, if produced at all, without increase in the aggregate contents of the skull, or indeed any other cause. But if, which we are bound to believe, he designed to affirm, that compression of the brain, such as authors allege to be the efficient cause of apoplexy, may be produced without an increase in the aggregate contents of the skull; then the proposition assumes, on account of its novelty, a peculiar interest. Compression is not a vital process, shrouded in mystery, and out of the reach of ordinary comprehension—but a simple mechanical operation, capable of being easily and well understood. To produce compression of the brain, it is abundantly obvious, that we must have an increase in the aggregate contents of the cranial cavity; or a diminution of the capacity of that cavity; or we must have an effect without a cause. Now, since in apoplexy, the capacity of the cranial cavity is not diminished, the tables of the skull not being driven in upon the brain. Since we are still permitted to entertain the comfortable hope that *nature*, notwithstanding our friend's new views, will continue to adhere to her old rule, of producing effects only in obedience to the operation of adequate causes; and since the reviewer has already distinctly affirmed, and is just proceeding to make it "clear and satisfactory," that in these cases we have no increase in the aggregate contents of the skull; we are driven again to embrace our favorite conclusion, "that in apoplexy, we have no compression of the brain."

But, since it sometimes occurs even in medicine that a man may prove, by testimony, a proposition clearly at variance with the known laws of nature, it becomes necessary to follow the reviewer, in the examination of his witnesses. And the first of these in the stand is the writer of the thesis, from whom, by some process, the reviewer has elicited the following testimony:

"Another condition which is probably more frequently at the foundation of cerebral disease than any other, is a disturbance of the healthy equilibrium between the arteries and the veins. Thus we have brought about the condition so frequently met with. In these cases we have a large accumulation of blood in the veins arresting the circulation in the arteries." With a view to illustrate his "candor and fairness," we quote from the thesis the entire paragraph, from

which the above mutilated extract is garbled by the reviewer:

"Another condition, which is probably more frequently at the foundation of cerebral diseases than any other, is a disturbance of the healthy equilibrium between the arteries and veins of the brain. Any unnatural distension of the veins and sinuses of the brain, is obviously accompanied by a simultaneous and equal diminution of the corresponding arteries. And it is highly probable that the distension of the cerebral veins, produced as it may be by any cause, pathological or mechanical, capable of preventing the free return of blood to the heart; is frequently sufficient greatly to impede, if not entirely to prevent, the circulation of arterial blood in the brain. Thus we have brought about the condition so frequently met with, and generally recognized as congestion of the brain, to the extent of compression of that organ, and death by apoplexy. There is in this condition, probably *no unusual pressure on the brain, no accumulation of blood in its aggregate vessels*, though there is a large accumulation in the veins of that organ, constituting venous congestion, to such a degree as to arrest the circulation of arterial blood in the brain."

It will be borne in mind that the preceding mutilated extract, from the above paragraph of the thesis, is brought forward as the first of a series of quotations, by which the reviewer professes to prove that *compression* of the brain is produced without any increase in the aggregate contents of the skull. And this is done with the full knowledge that both the *compression* and the *increased contents* are distinctly disavowed, in the same paragraph from which the extract is taken.

In his comments on this quotation, he charges the writer of the thesis, "and all medical teachers of any respectability," with having "discovered that *compression of the brain*, and *increased contents of the cranium*, do not sustain the relation of cause and effect." And here the writer feels compelled, by a sense of justice, to decline the proffered honor of discovery, at least so far as he is concerned, in favor of the reviewer himself; for it certainly is a position he never saw advanced in any book, nor heard whispered in any circle, till it appeared in bold relief in the review. And on this account, it is a matter of some interest to observe the manner in which he sustains this quite novel and rather singular position.

He quotes at some length from Watson, from the Edin-

burgh Journal, from Wood's Practice, from Clutterbuck on Apoplexy, and from Carpenter's Physiology. And it is a remarkable fact, that although these quotations are made for the exclusive purpose of showing "that *compression of the brain* may be produced, *without increasing the contents of the skull*," not one of them contains a single word on the subject of *compression, its causes, or consequences.* They speak of the variations in the quantity of blood in the head, of the variable force and velocity of its movements there, and of the variable degrees of *pressure* to which the brain is subjected, but not one of them so much as names *compression of that organ.* Had the reviewer read, with any observation, the paper he has found himself impelled, by a high sense of duty to review, he would have found each one of *these conditions distinctly recognised there.* And further, it is there maintained, that the brain is capable of sustaining four times its ordinary *pressure* without producing the symptoms, or, indeed, any other evidence of hypothetical *compression* of that organ, and of course that all this occurs without an *increase in the contents of the skull.* A crystal of adamant may be subjected to variable degrees of *pressure,* just as readily as a puff-ball; but to produce *compression* of the diamond would be quite another matter. And it is *compression* of the brain that is now engaging our attention. To return to the quotations—it is obvious that they are quite as well adapted to the proof of any other proposition, as that in support of which they are adduced by the reviewer. And notwithstanding this entire want of adaptation of means to ends, he proceeds with the utmost gravity and logical formality, to deduce the following conclusion: "*Hence it is most clearly fixed,* that the profession *have* NEVER, by their legitimate showing, made these two states necessarily dependent on *each other.*" A similar specimen of reasoning is certainly rarely met with; so far as we are aware, never, except as a production of the same author. And, since the practice of medicine is based upon an endless series of observations and deductions, and since the perfection of the art depends to a great extent upon the accuracy of the former and the legitimacy of the latter process, we cannot but wish, for the sake of humanity, that our friend would in future devote his faculties exclusively to pursuits of a *purely intellectual nature.*

The next notable position assumed by the reviewer in opposition to what is advanced in the thesis, is, that "the aggregate

contents of the skull may be increased or diminished." And "to the full and final establishment of this position," he proceeds by quoting the reports of several post mortems, where the brain was found to fill the cranium very perfectly, and one in which it is said "to have looked as if it had been ready to burst the skull;" though we are not informed that this disastrous event really occurred. We suppose it to be a very common opinion, one which, for ought we see in his writings, the reviewer himself might concede, that in a natural state, the cavity of the cranium is usually *full* of matter of some kind; and we shall accordingly regard this as the point from which to calculate departures. But as the reviewer no where intimates that the contents of the cranial cavity can be diminished below a state of perfect plenitude; and as he has fallen sadly out with the thesis for conceding sincerity to an eminent teacher of medicine, who maintains the existence of a vacuity there, we cannot perhaps, without offence, do more than inquire whether the cranium sometimes gets more than full? and, if so, how much more? The facts adduced in proof of this position, are interesting cases of hypertrophy of the brain, a disease which unquestionably exists. And we would not hesitate to admit that, especially when it occurs in early life, it may progress to such an extent as to modify the development of the cranium. And that this is effected by the *unusual degree of pressure* exerted, for a protracted period, upon the internal surface of the skull. But in all such cases we suppose the cranium to be full at the commencement of the process, and to be no more than full at its termination. Of course we have never felt under any temptation to deny that a very large head will hold somewhat more than a small one. But this is not the point. The thesis maintains that "the cranium remaining fixed in its capacity, the doctrine of sudden and decided vacilations in its aggregate contents, is unfounded." And this is the doctrine which the reviewer opposes; and he evinces his opposition by quoting authorities with a view to prove that this cavity is sometimes more than full. The writer believes that as hypertrophy of the brain advances, the fluid contents of the cranium become, in a corresponding degree, less abundant. And that the process of hypernutrition ceases, while there is yet room for a small amount of blood to circulate within the cranium. As the incompressible substance of the brain increases in volume, within the walls of an unyielding skull, it presses upon and diminishes the caliber of its own vessels; it expels the cephalo-

spinal fluid from the head, brings the opposite walls of the ventricles and the opposite surfaces of the arachnoid, into perfect coaptation. Thus the theca of the cord is made the receptacle of an unnatural amount of fluid, and the vessels of the brain are contracted below their natural caliber. But to remove the calvarium, and afford room for expansion, the fluids will of course rush to their natural sites, the brain will expand, and "look" indeed "as if it had been ready to burst the skull." But the reviewer gets zealous on this subject, and delivers himself after this fashion: "*In questions of a purely scientific import, one well determined fact* should and will outweigh whole volumes of speculations *in this or any other question.*" It is quite true that no friend of science will evade, or misconstrue a fact, in order more successfully to pursue a speculation. But facts themselves, to promote the ends of science, require to be understood; and it will be found that they do not always quadrate with appearances. And we cannot doubt that if the reviewer should ever have the luck to comprehend the nature and the bearings of *his well determined fact* in this case, he will find it quite insufficient to sustain the opinion that the cranium, or, indeed, any other cavity of the human body, is sometimes less than full, and sometimes more than full. Or that its capacity remaining the same, the skull will hold five pints of brain and blood to day, and be perfectly filled by four pints of the same materials to-morrow; although the opposite opinion is sustained, only by what he is pleased to denominate "sheer speculation."

The thesis maintains "that during the integrity of the parts, the contents of the cranial cavity are protected against the direct pressure of the atmosphere." The reviewer regards this as a sheer assumption, and relies exclusively upon the following quotation to sustain his opinion:

"But it is alleged that the brain is removed completely from the direct pressure of the atmosphere. This view is only partly correct. There is, we admit, no pressure exerted above, and at the sides of the cranium, but there certainly is below, so that, in this respect, the brain is circumstanced pretty much as the thoracic and abdominal viscera, which are subjected to the influence of the atmosphere only in certain directions, not in all."—*Gross' Path. Anat.*

We understand Prof. Gross here to affirm that the atmosphere exerts no direct pressure on the brain "above or at the sides," but that it does exert such pressure on the base of that

organ. Now, it is obvious that if atmospheric air should permeate the tissues, and find its way into the cavity of the cranium, it would be just as liable to produce direct pressure "above, and at the sides, as below." Hence we are not permitted to suppose the author contemplates its introduction into that cavity. And this construction of his words is in harmony with what follows. For we understand the author further to affirm, that, in respect to the effect of atmospheric pressure, "the brain is circumstanced pretty much as the thoracic and abdominal viscera." And it is well known that the effects of atmospheric pressure upon the abdominal viscera, are produced through the medium of the abdominal walls, effecting an accurate adjustment of the capacity of that cavity to the amount of the contained viscera, whether this be great or small. It is then in this respect, in which Prof. Gross affirms the analogy to lie between the brain and the abdominal viscera, or more properly, between the cranial and abdominal cavities. Now in cases of great muscular relaxation, with dropsical effusion into the peritoneal sack, or tympanitic distension of the bowels, the abdominal cavity is enormously enlarged, so as to be capable of containing many gallons of fluid. On the other hand, in some chronic diseases, accompanied with great emaciation and extreme contraction of the hollow viscera of the abdomen, its capacity is reduced to the most insignificant dimensions. And in both these extreme cases, the walls of this cavity are perfectly *fitted to its contents, by virtue of atmospheric pressure.* And we are told, that in this respect the brain is circumstanced pretty much as the abdominal viscera. Now, if we have the capacity of the cranial cavity thus diminished by the direct pressure of the atmosphere on the basis cranii, it is not a mysterious, incomprehensible, vital process, but a simple, explicable, comprehensible, mechanical operation, about which there should be no difference of opinion. To effect this change in the capacity of the cranium, either the entire base of the head, including membranes, bones, muscles, and integuments, must approximate the vertex, which no one will maintain; or, the bones remaining stationary, the soft parts must be pressed through the fissures and foramina situated there, to such a degree as to fill in some measure the cavity of the cranium. If this should occur at the largest of these openings, the great occipital foramen, the operation will consist in propelling the spinal cord into the site of the medulla oblongata, while this portion of the encephalon will

be carried before it to a higher situation in the head, a supposition sustained by no more probability than the preceding. In addition to this we have a number of small openings for the transmission of nerves and vessels. But to suppose that pressure, nicely adjusted to the soft parts of the body, as by the atmosphere, will destroy the connexion of these nerves and vessels with surrounding tissues and urge them into the cranial cavity, in place of the bland fluid which the latter contain, appears like the height of absurdity. Hence we are still constrained to maintain, that the contents of the cranial cavity are protected from the *direct* pressure of the atmosphere. Or, which is the same thing, that this cavity is neither occupied by atmospheric air, nor diminished in capacity by atmospheric pressure; and, of course, that it is, in this respect, *totally unlike the thoracic and abdominal cavities.* At the same time the thesis maintains, and the writer would still maintain, that the brain sustains the full weight of atmospheric pressure. It is only affirmed that this pressure is *indirect, reflected;* that it consists in perfect repletion of the vessels of the head, in consequence of atmospheric pressure on the same vessels as they are prolonged throughout the soft parts of the body. And, of course, this condition will effectually counteract all tendency to diminution of the cranial cavity, by pressure arising from this same source.

The reviewer thinks the writer of the thesis, "unfortunate in not appreciating the true position of the profession, on the *question of the essential compressibility of the brain*, and the bearing they give that *question* upon the *questions* involved in the theory of apoplexy." He expresses no opinion on the subject himself; and makes but a single quotation to sustain his allegation. And this, by the way, contains no opinion, either for, or against "the essential compressibility of the brain." He then closes his dissertation on this topic, in the following words: "From this quotation it may be readily inferred that the question of the *essential compressibility* of the *brain*, and *compression* as claimed by the profession as existing in apoplexy, *are* too independent and separate question not necessarily sustaining the relation of *cause* and *effect*."

And we suppose this is to be regarded as a clear statement of the position of the profession, "on the essential compressibility of the brain;" which the writer of the thesis was so unfortunate as not to appreciate. Verily, it is a great privilege to enjoy a ray of light from a mind, thus competent to appreciate these difficult positions and questions! The

leading feature in this sentence is, the announcement that "compression, and compressibility," do not *necessarily* sustain the relation of *cause and effect*; a relation which perhaps no one ever before, dreamed of assigning between these two conditions. While it is in the highest degree probable, certain, so far as we are aware, that the reviewer is himself, *the first*, either to affirm or deny this new relation; it is *not* equally clear, that the two inquiries should be regarded as absolutely *independent*. Were the *essential incompressibility of the brain*, determined beyond a doubt; the reviewer, it appears would, while unquestionably, many others would not, entertain the question, whether *compression of this same incompressible organ* is the essential cause of apoplexy.

The reviewer thinks the thesis misconstrues Prof. Gross on the subject of a vacuity within the cranium. He admits, it is true, that the author in question, says in so many words, "that there is a vacuity between the skull and the surface of the brain"—but he supposes this affirmation is nullified by what follows, "or in other words, these parts do not lie in actual and close contact." We have only to say that Prof. Gross has plainly affirmed that there is a vacuity there, and in his paraphrastic repetition of the idea he has conveyed nothing different. He is certainly competent to say, what he means—and if we will not allow him to mean what he says, we shall find it difficult to arrive at his meaning. What is the language of the contrast? The remarkable announcement in question, is immediately preceded by these words; granting that the *encephalic mass* is entirely incompressible—the idea that it accurately fills the cavity of the skull, is, I presume, a mere assumption, and susceptible of easy refutation. Here we have the same idea advanced, in terms which scarcely admit of misconstruction. If the encephalic mass does not fill the cavity of the cranium, we have, of course, a vacuity there, for this is equivalent to saying that, what is contained within the cranium, does not fill the cranium. The author further says, "but for *this vacuity, we could have no effusion*." Now, it is quite obvious, that a *vacuum already filled*, (and by the way, this is a kind of place we rarely hear of), can afford no facility to the process of effusion. The repeated positive declarations of Prof. Gross, that we have a vacuity within the cranium, appear to be sustained by the whole tenor of his illustrations, and remarks on the subject; and are very positively supported by the reports of some of his post mortem examinations of the head. In fact they seem

to admit of no other construction, without the most direct violence to the rules of interpretation. But if we have misconstrued Prof. Gross, we most sincerely regret it. It has not been intentionally done. And if done at all, it would seem to have resulted from a strict adherence to the obvious meaning of the words he has used.

The reviewer urges a number of objections against the mode of reasoning adopted in the thesis. It is "too speculative"—it is "speculation, purely *a priori*"—and yet, strange to say, the writer of the thesis "has fallen into a primary mistake by taking so exclusively a mathematical view of the different portions of this question." So, that it appears, we have been out of the path, on opposite sides, at the same time. The writer is truly sorry that both the *substance* and the *form*, of his unfortunate production, are such as to incur the open displeasure, of one whose judgment is so highly estimated. He can only say, that he could not help it, he was deficient in capacity to do better. He is, however, using every reasonable effort, with a view to improvement; and he entertains the cheering hope, that, if he persevere, and can have the privilege of pursuing an occasional specimen of *model reasoning*, his efforts may yet be crowned with some degree of success. But the thesis contains another specimen of reasoning, to which the reviewer objects in a form so tangible as to admit of specific notice. This reasoning is based upon the axiom that "nature is uniform in her operations. That like causes, must produce like effects." The writer believes this to be true of every department of nature, of physics and morals, of physiology and pathology. Otherwise, there is an end of all uniformity; of all certainty; the blindest chance rules the world; and the study of nature, is the highest folly. But to return to the point. The thesis shows that many medical writers maintain, *that pressure on the brain, is the essential cause of apoplexy*. And it is there urged, that if this be true, all that is required to produce the disease, in any given case, is the application of the requisite amount of pressure. The writer does not see, nor the reviewer show the error in this reasoning. But he replies to it as follows. "To this kind of argument we readily reply, that all who are exposed to malaria, do not have ague and fever. And there is somewhere on record the case of an old laly who nursed in small-pox forty years, and did not take the disease, though not in any way protected by vaccination or inoculation. But could we infer from these cases that malaria did not cause

ague, or that small-pox was not a contagious disease? Certainly not." Now it cannot be doubted that the reviewer honestly believes his retort, in this case to be conclusive, and amply sufficient to silence all similar reasoning in future. Yet the effect produced on the mind of the writer, is quite different from this. It only serves to convince him, that its author reasons in medicine without the slightest discrimination of the nature of his premises. It is about equivalent to what follows. *Medicine is considered as an uncertain science; therefore nothing connected with medicine, can be certainly known.*

The laws by which malaria and contagion, operate on the living human body are occult, and but little understood; and on this account, they seem to be far from uniform in their operations; therefore, no agent, however obvious, and thoroughly mechanical in its nature, ought to be regarded as either well understood, or uniform in its effects. The truth unquestionably is, that the principle of contagion, and malaria, if there be such an agent, are as uniform in their operations under the requisite circumstances (which are far from being well made out), as the laws of gravitation, or the elements of mathematics. The advocates of pressure on the brain, as the *essential cause of apoplexy*, have thrown all mystery, all obscurity, all uncertainty, all complication, out of the question. They rely upon a single condition to produce the disease. A condition too, which may be estimated, and applied, with the most perfect graduation. If their doctrine be true, it is only necessary that the patient have a brain; and that it be subjected to the requisite degree of pressure; and then as surely as there is identity in disease, we shall have apoplexy.

There are some inquiries connected with the doctrines advocated in the thesis, which are believed to be worthy of more elaborate investigation than they have received. And the writer hoped, when he saw the review, that it either contained, or would elicit such investigations. But in this, he has been disappointed, for he has found it impossible to follow that paper, and not be led away from those topics.

We are most unwilling to occupy the pages of a valuable medical journal with matter of so little general interest, as is here presented. And although the reviewer has more than once intimated in his paper, that he has only suspended his labor for the present; we are prepared, be that as it may, to give the editors the comfortable assurance, that it will afford no occasion for us again to trespass, either upon themselves or their readers.

ART. III.—*Epidemic Dysentery, as it appeared in Marietta, Ohio, in* 1851. By S. P. HILDRETH, M. D. of Marietta.

History of its approach.—This disease made its first appearance on the elevated alluvial plain, on the north side of the town, the last of June, and was confined to that part of it for nearly eight weeks, when it gradually spread into the lower portions along the bottom lands. Later in the season, September and October, it spread into the adjacent country, amongst the farming class; but seemed even there to be most rife in the elevated and hilly formations of the country. It was not confined to this region, of Ohio, but prevailed in many portions of the west—Virginia and Kentucky. Every where it was of a severe and malignant character, proving more or less fatal in all the places visited. It did not seem to be strictly contagious; although when it entered a family, it was very likely to attack in succession nearly all the household. Some cases were more mild than others, but it was especially fatal to young children and aged persons. Those in the vigor of life, with healthy constitutions fared the best; their well conditioned frames being better able to sustain the depressing and wasting effects of the disease.

Symptoms of the Disease.—For some days previous to the real dysenteric discharges, the patient suffered more or less pain in the stomach and bowels, often attended with nausea and looseness, sometimes of a bilious character. There was seldom any distinct chill, or sense of coldness in the back and loins, as commonly attends ordinary attacks of fever. The tongue soon became more or less coated, with the increased action of the heart, while the disease assumed the character of regular paroxysms, occurring, usually twice in every twenty-four hours—ordinarily the period of accession was about eleven or twelve o'clock at noon, and at midnight, gradually subsiding a few hours after and previous to the next paroxysm. This abatement was sometimes accompanied by a free perspiration, but in most instances the skin was dry. Great thirst attended in many cases, while in others there was but little, depending on the amount of animal heat and the copiousness of the discharges. These, when the disease was fairly established, assumed their ordinary bloody and mucous character; the blood being more abundant in the early period of the disease, and the mucus more copious, mixed with streaks of blood, after the first week. The amount of pain differed much in the several subjects;

in some it was intense, while in others but little was felt, usually where the discharges of blood were most copious, there was less pain and tenesmus; while the small mucus passages were attended with more pain and distress. These cases, also acted more sympathetically on the stomach, producing nausea and vomiting; the latter being in many instances the source of great trouble and anxiety, precluding the use of the most effectual and desirable remedies, confining the resources of the practitioner to outward applications, or such as could be administered in enemata. In nearly all the cases great tenderness and soreness of the abdomen was felt; in some so acute, the slightest touch, or motion of the body, or limbs produced pain, and often a discharge from the bowels, even the moving the arm or hand was attended with this effect. In general the bowels or abdomen became much flattened and sunken, after a week or ten days continuance of the disease; while in others a tumid state attended, caused by flatulence and imperfect discharges from the small intestines and colon; copious evacuations from castor oil or sal. epsom, usually relieved this distressing symptom. Where cathartics failed to remove this condition, the patient was considered in great danger, and most commonly died, in a few days, ulcerations, or sphacelus having taken place. In a few fatal cases the whole intestinal tube from the rectum to the stomach was involved in disease. The tongue was commonly coated with a white covering all over its surface; in others the sides were red, and the center coated—while again a general redness prevailed without any coat—these were bad cases. The disease, ordinarily occupied about fourteen days in its course, generally subsiding at the end of that period, if the patient recovered, or it might end in death before or after that time. Let the treatment be ever so judicious, it was seldom cured before two weeks had expired, this being the period of the continuance of the fever which attended, while the aspect of the tongue, was a certain indication of what was going on in the bowels, whether for good or for evil, as we judge of the progress of typhoid or other fevers by the character of that organ. It seemed to have a marked habit in this respect, running through two septenary periods. Several of the most malignant and fatal cases, were attended with watery, or pustular eruptions, about the chest and sides of the head, also on the lips and internal nares—a few had swellings of the parotid glands, as in typhus fever of a bad type—of these some were dispersed, and others suppurated after a tedious course,

ending in health. The epidemic continued from the last of June to the first of November, four months, numbering between two and three hundred cases. During its reign, no typhoid or other summer fever appeared, but like the serpent rod of Aaron, it swallowed all other serpents.

Treatment of the Disease.—Venesection—a very few of the cases in July seemed to be benefitted by bleeding; but after that time none required that herculean remedy—cupping was also used over the colon and left iliac region, without apparent benefit. Cold water applied by wet towels, did no good, and was laid aside early in the epidemic, as was also cold water enemata. The inutility of abstracting blood and the failure of cold to act favorably on the disease, was a fair indication, that *congestion* was the condition of the bowels, rather than *inflammation*; and with this view of the present epidemic, hot fomentations were applied to the abdomen, with marked advantage, and tepid enemata used in place of cold ones. The former generally consisted of a weak solution of salt in water, and the flannels after wringing sufficiently dry freely sprinkled with camphorated spirits. The latter were composed of mucilaginous materials, either starch, flax-seed, or slipery-elm, with from two scruples to two drachms of laudanum, or sul. morphia in this proportion, to three or four ounces of mucilage, sometimes the mucilage was combined with a strong infusion of hyson tea, to act as an astringent on the diseased lining of the rectum. If the stomach was much disturbed at the onset of the attack, an emetic of ipecac was given with benefit. In all cases a mild cathartic of calomel, or blue mass, followed by castor oil, or salts, was given early, and some laxation was required as often as every other day, and sometimes daily. The torpid condition of the liver and small intestines, requiring their stimulus to unload them of their contents, and produce bilious evacuation, without which no amendment took place. The diet was of the most bland and simple character, thin rice water, gum arabic water, or thin flour and milk gruel, thoroughly boiled; a free use of drinks, especially cold water, so much desired by most of the sick, was found injurious; while warm toast water, or hyson teas were far more beneficial.

The following were the most approved and successful prescriptions in my own practice.

℞.—Blue mass, ℈ii, sach. sat. ℈i, sul. morphia, gr. ii, make x pills—give one pill every two or three hours, until the *pain is* relieved, and the less frequent discharges attain a bilious

character—after which the following was given. If the passages are already bilious, commence with it, as was many times done with the most gratifying result.

℞.—Ol. Ricini, ʒi, spirits Terebinth, ʒss, mucilage of gum arabic, ʒii, simple syrup, ʒii, laudanum, ʒii, ol. winter-green, xii drops, mix thoroughly—dose a table-spoonsful, or two tea-spoons, as the stomach can retain, every two or three hours. The turpentine arrested the bloody discharges, soothed the irritability of the mucous membrane, and aided in overcoming the disease as much as any one remedy tried; always saving and excepting the preparations of opium, without which litle good could be effected for the patient. For children, the oil of almonds was used in the following form. ℞. Ol. almonds, ʒi, Laurel water, ʒss, sul. morphia, gr. i. mucilage and syrup, aa ʒi, ol. winter-green x drops—dose, one tea-spoonful, every hour or two as the case required. It was found very efficacious in these young and tender subjects, and is very similar to the prescription found in the February number of the Western Lancet—when recovering from the disease with a weak feeble condition of the stomach and bowels, the following was given with success.

℞.—Ext. gentian, ℈i, p. ipecac, gr. v., opium, gr. x., s. quinine, ℈ss, make x pills—one every three or four hours—where the stomach could not retain the oily mixtures. "Hope's mixture," in a weakened form, was found a valuable adjuvant,

Strychnine, the latest approved remedy in cholera, dysentery, and bowel complaints, the following form was tried in a few cases, but with no decided action on the disease.

℞.—Strychnine crystals, gr. ss. s. tereb. ʒii, mucilage and simple syrup, aa ʒiv—mix—a table-spoonful every half hour, or hour, as required by the urgency of the attack. A solution of nitrate of silver, one grain to an ounce of mucilage, was found very efficacious in the diarrhœa of children, and mild forms of dysentery, given in tea-spoonful doses every two or three hours, or at longer intervals. This preparation of silver, forms the basis of quite a celebrated patent medicine, now in vogue for bowel complaints. Where the passages were very offensive and inclined to putridity, pulverized charcoal combined with yeast, or even with water, was found an excellent remedy, in doses of a large tea-spoonful every two or three hours.

PART II.

REVIEWS AND NOTICES.

ART. IV.—*Essays on Life, Sleep, Pain, &c.* By SAMUEL HENRY DICKSON, M. D., Professor of the Institutes and Practice of Medicine in the Medical College of the State of South Carolina, &c. Philadelphia: Blanchard and Lea. 1852; pp. 301.

In these essays we find the "attempt has been made to engage the attention of the intelligent reader in the discussions of subjects usually, though erroneously, regarded as of technical rather than of universal interest," and we think that the author has done well towards accomplishing his object in a manner to interest and engage the attention of the general reader. In reference to Life, the author considers that "life, vitality, the vital principle, the cause of living action, is an active and peculiar force existing in certain bodies; not a *quality*, like hardness, softness, &c., but a power belonging to them derivatively, a property with which they are endowed on coming into existence in the forms known as organic." He is therefore opposed to the purely chemical and mechanical views to which some recent authors are inclined. After adducing arguments in support of his views, which possess much force, he says: "Surely we must conclude, then, not that life is the consequence of organization, but that special organization adopted is altogether the creation of the principle of vitality, without whose action it could not exist, nor grow, nor find development, and which originates and impresses all its capacities, as well as its mode of growth, increase, maturity, duration, and ultimate decay, decline, and extinction."

The subjects of the other "Essays" are Sleep, Pain, Intellection, Hygiene and Death, which are treated of in a free,

diffluent, popular manner. The author's style is one which is attractive and agreeable; the reader is led on as if reading a romance, but after he has finished, it is difficult to call up many positive points of great usefulness embodied in what has been read.

While these essays exhibit much learning and a varied fund of knowledge, we cannot give our author credit for profundity of thought or of philosophical research. To the general reader, however, we think they may be found attractive and useful. For sale by W. Phillips & Co., Main st.

Art. V.—*An Analytical Compendium of the Various Branches of Medical Science for the Use and Examination of Students.* By John Neill, M. D. Surgeon to Will's Hospital, Demonstrator of Anatomy in the University of Pennsylvania, Lecturer on Anatomy in the Philadelphia Medical Institute, Fellow of the College of Physicians &c., and Francis Gurney Smith, M. D., Lecturer on Physiology in the Philadelphia Association for Medical Instruction, Physician to the St. Joseph's Hospital, Fellow of the College of Physicians, &c. *Second Edition Revised and improved.* Philadelphia: Blanchard & Lea, 1852, pp. 1002.

From the preface to the second edition, we find that "the speedy sale of a large impression of this work has afforded to the authors gratifying evidence of the correctness of the views which actuated them in its preparation." The volume before us has no doubt been found convenient and useful to those for whom it was prepared, hence the call for a second edition, which has been revised with care and brought up to the present condition of medical science. Compends of this kind may be extremely useful when used in the mode intended; they are not expected to take the place of elaborate works, but simply to be used as assistants under circumstances not permitting a reference to works of minute detail. The character of this work before us may be considered as established for usefulness, and therefore does not call for an extended notice from us at the present time, further than to express our hearty approbation of it.

PART III.

FOREIGN SUMMARY.

1.—*Case of Tracheotomy, followed by Secondary Hemorrhage.* By. C. F. Sloan, M. D., Ayr.

I have been induced to publish the following case of tracheotomy, from the unusual nature of the secondary hemorrhage, both as to its amount and as to the time of its occurrence:—

—— Douglas, aged twenty, had been subject since childhood to attacks of cynanche tonsilaris; at the age of eighteen he became apprentice on board a merchant ship, and shortly thereafter, while suffering from one of his usual attacks, went to sea. At this time, judging from his own account, the parts about the glottis must have become affected, as he then first observed that the act of swallowing excited cough, and that the inspiration became loud and difficult. He then also first remarked a peculiar symptom,—viz., an almost irresistable inclination to fall asleep whenever it blew at all fresh, no matter in what duty he might be engaged. This probably arose from the blood being imperfectly oxygenated.

In March 1850, he gave up a sea-faring life, and put himself under treatment, suffering from enlarged tonsils, with symptoms of chronic laryngitis; and in December following was admitted into Glasgow Royal Infirmary. In March 1851 he was dismissed from that institution relieved, and came to reside at Sundrum, about six miles from Ayr. On the afternoon of Saturday, 10th May last, he was brought to me, laboring under a fresh accession of laryngitis. I sent him to a lodging-house in town, ordered him calomel and leeches, and left directions to be called on the appearance of any marked increase of difficulty of breathing. At half past two next morning I got a hurried summons, and on arriving found him in the agonies of suffocation. I immediately

seated him in a chair, and proceeded to perform tracheotomy, with the assistance of two women, one of whom kept the head of the patient steady, but the other signally failed in her attempt to hold the candle properly, the sight of the first incision having put an end to her usefulness. However, aided partly by the gray light of a summer morning, and partly by feeling, I opened one or two of the rings of the trachea (the precise number I am unable to certify), and introduced a tube. There was only moderate hemorrhage; in a few minutes the patient was breathing freely and tranquilly, and shortly afterwards fell asleep.

The operation was performed at about three A. M., and everything went on most favorably till seven P. M., when, in presence of my friend Dr. Craig, I withdrew the tube first introduced, which had become occasionally obstructed, for the purpose of inserting a larger one. This, though done with the greatest care, gave rise to a profuse venous hemorrhage from the upper part of the wound, which, partly passing into the trachea, induced convulsive expiratory efforts, synchronously with which the blood, when the wound was uncovered, poured as if from a vein opened at the bend of the arm. The flow persisted for more than an hour, in spite of pressure applied, by means of lint wrapped round the upper extremity of the tube, and pressed firmly inwards. The only thing that arrested it was the application of the finger to the bleeding vessel, the tube being withdrawn, and the wound of the trachea kept open by a bent probe. Fortunately, Mr. Alexander Shaw, surgeon, of Middlesex Hospital, was then on a visit to his friends in Ayr, and on being sent for most promptly rendered his assistance. This gentleman, after giving pressure a fair trial, suggested the employment of the actual cautery, which was applied by means of a heated poker, with immediate and permanent success.

The patient recovered rapidly, without a single bad symptom, and is now in Jamaica, whither he was sent by the kindness of Mr. Hamilton, of Sundrum, in the hope that a warm climate might facilitate the cure of his original complaint. When I last heard of him, he was comparatively well; but still wore the tube as a precautionary measure.

It is difficult to estimate the amount of hemorrhage, when diffused over the bedding and floor, but I think the patient could not have lost less than sixteen ounces of blood on this occasion. The point, however, which seems to me most remarkable in the case, is the occurrence of so violent a

hemorrhage sixteen hours after the operation, and before ulcerative absorption could have opened any of the vessels.

The actual cautery, as a means of arresting hemorrhage, is perhaps too much overlooked by surgeons in this country. In any similar instance, I would not hesitate to resort to it even for a moderate oozing, which did not readily yield to pressure.

The perusal of the above case may perhaps afford a useful hint to my country brethren, who are sometimes called upon to operate in circumstances still more unfavorable with regard to assistance than mine in the present instance.—*Edinburgh Monthly Journal of Medical Science.*

2.—*Case of Tic Douleureux Remedied by Operation.* By James B. Allan, M. D. Forres.

Last June, a young woman, a domestic servant, aged 25, was brought to me, a perfect martyr from tic, beginning over the right eyebrow, and extending over the face. Her complaint had been of six years' duration, and was gradually becoming more severe, commencing with its characteristic exactness at a certain hour in the morning, and at times changing its hour of visit until night. On feeling the pained eyebrow, the cellular substance on both sides seemed very thick. I detected a hard body, and on cutting down, dislodged a calcareous concretion from its position immediately over the supra-orbital foramen, where it was attached to the nerve. Since its extraction, the girl has been completely free from all pain or uneasiness. May not inveterate *tic* be often caused by similar deposits in inaccessible portions of nervous channels, where they must, of course, elude detection?

[The concretion, which accompanied Dr. Allan's letter, was of an irregular rounded form, of the size of a large pea, covered with a pellicle of cellular tissue, hard, gritty, unorganized, and consisting entirely of carbonate of lime]—*Ibid.*

3.—*Suicide by Swallowing a quantity of pure Chloroform; Post Mortem Examination.*

William White, æt. 27, upon whom Mr. Syme had three years ago successfully performed amputation at the hip-joint,

put an end to his existence by drinking chloroform. On Saturday afternoon, the 6th of December 1851, he went out "on pass," and returned in the evening slightly intoxicated, but still perfectly rational when spoken to, and capable of walking steadily. He went to his bed in the private ward about twelve o'clock, having wished his friends a good night, and said to some of them that he hoped he might never awake again. For some days past he had been low and desponding, from his having received intimation that he was to leave the hospital, and being without money or friends, and fully aware of his disabled condition.

The patient who slept in the room with him stated that nothing unusual occurred until two in the morning, when, on awaking, he became aware that his companion was sound asleep on the floor, and snoring loudly. Knowing he had taken some drink, he was not alarmed, and so left matters to their natural course. At six in the morning, some of the patients from the general ward going to the private room, found him still asleep, and snoring so loudly, that they at once suspected something wrong, and their suspicions were further excited by finding the chloroform bottle lying on the bed, nearly empty, and with its neck broken off. I was immediately called, and upon going into the ward, found the man lying on his back on the floor, breathing heavily and stertorously, his face livid, and his lips almost black. He was perfectly insensible, alike to pain as to all else. The pupils were widely dilated, and did not contract on stimulus; skin warm and moist; pulse 60, full and soft. His breath smelt strongly of chloroform, as did indeed the whole room. There was a large pool of transparent fluid on the floor around his head. Not more than an ounce and half of chloroform remained in the bottle (an eight ounce one). The previous evening it had been full, and none had been used since.

Under the circumstances, it was impossible to say whether the chloroform had been inhaled or swallowed; but considering that he had been breathing heavily, and lying in one position for at least four hours, the evidence appeared to be in favor of the latter supposition, and in consequence, as a precautionary measure, the stomach pump was used. By this means ten ounces of a thin turbid fluid, smelling strongly of chloroform, was brought away. Warm water was then injected, and again pumped off, and this was twice repeated, the fluid each time smelling powerfully of chloroform. He still lay perfectly insensible, without making the slightest movement or

resistance. The breathing was as labored as before, and at times ceased altogether for many seconds. Mustard was then thrown into the stomach, with the view of exciting vomiting and of acting as a powerful stimulus. After being allowed to remain for ten minutes, during which time he made some slight efforts to vomit, it was again pumped off. He then appeared to be somewhat better, and the breathing became more regular and less labored. The improvement, however, lasted but for a short time, for after half an hour's absence from the ward, I was again summoned, and found the man apparently dying. He breathed only at intervals, and then incompletely. His face and lips were puffy and deeply congested, the surface cold and clammy, and his pulse feeble and slow. As a last resource, the chest and abdomen were covered with lint soaked in turpentine, and overlaid with hot fomentation cloths, and a large turpentine enema was directed to be immediately administered. The effect was surprising; first the breathing became more regular, and then the pulse improved, becoming fuller and firmer; soon he began to move slightly, and in an hour's time was so far restored as to be thought out of immediate danger. The pupils, which had remained throughout widely dilated, became sensible, and contracted upon stimulus. Still the breathing remained heavy and stertorous.

At 11 A. M., he had regained consciousness, and was able to answer questions in monosyllables. Surface warm and moist; face suffused; eyes injected; breathing labored and sonorous; pulse 70, soft; tongue natural.

In the afternoon, he became excessively restless, tossing about in bed, and complaining of burning pain and sense of obstruction about the throat and upper part of the chest. He suffered also from great thirst, to allay which he took large quantities of cold water, but vomited it immediately after drinking it. Each inspiratory effort was strong and labored, but still never appeared to be completed. The obstruction was not at the larynx, but seemed rather to arise from the choked state of the trachea and bronchi. Nothing more than loud sonorous rales, which mask all other sounds, were to be heard with the stethoscope.

Upon being asked what quantity of chloroform he had taken, he said that he had drank off from the bottle's mouth as much as he could swallow in two mouthfuls, and that after this he could remember nothing.

When seen again late in the evening, he was still in the

same condition; the vomiting continued without intermission, and the dyspnœa was in no way relieved; pulse was soft, 90.

December 7th, 6 A. M.—Did not sleep at all during the night. Breathing more labored and louder, and it is now with difficulty that he speaks between the hurried inspirations. Pulse, 90, very small; is evidently sinking; stimuli were ordered, but they, as everything else he had taken, were immediately rejected.

At 10 A. M.—He attempted to sit up in bed, but fell back, and died immediately, apparently suffocated.

Examination thirty hours after Death.—Conformation muscular; body well developed; rigor mortis considerable; face puffy and livid; great lividity of neck, upper part of chest, and depending parts of the trunk. On opening the chest, the lungs do not collapse; no fluid in either pleura; pericardium contains a small quantity of clear yellowish serum; right side of heart much distended with loose dark coagula; left side firmly contracted; muscular tissue healthy; valves natural; the great veins of chest and neck turgid with dark fluid blood; muscles of neck uniformly of a deep red color. The mucous membrane of the cavity of the mouth healthy. On opening the pharynx, the base of the tongue is found coated with a brownish fur. The mucous surface of pharynx presents a uniformly red and deeply congested appearance, extending as low down as the commencement of the œsophagus, where it ceases by an abrupt and well defined line. The lining membrane of the larynx and trachea is also of a crimson red color, and is covered with numerous irregular patches of a soft, yellowish purulent exudation, which can be easily scraped off with the knife, displaying the sub-mucous tissue minutely injected. Ventricles of larynx filled with a dirty gray purulent fluid. The bronchi, as far as they could be traced, are loaded with the same kind of fluid; and the mucous membrane throughout presents an appearance similar to that of the trachea. The lungs are crepitant in every part. On section, the pearances observed are identical with those found in the first apstage of pneumonia; œsophagus strictly healthy; stomach contained half a pint of turbid fluid; mucous membrane of cardiac end discolored; that of pyloric end minutely injected, otherwise perfectly healthy; no trace of disease in any part of the intestinal canal. Other abdominal viscera healthy.

On removing the calvarium, the membranes of the brain are found much congested, and the sinuses turgid with dark

fluid blood. Substance of brain congested, but of firm consistence. Ventricles do not contain more than half a drachm of fluid.

No odor of chloroform could be perceived during the examination of any part of the body.—*Edin. Monthly Journal of Medical Science.*

4.—*Menstruation of Females in Norway.*

A report of the Lying-in Hospital of Christiania for 1849, by Dr. F. C. Faye, the superintending physician, contains a number of interesting statistical facts. Among these we find a notice of the age, at the commencement of menstruation, of 122 of the females who had been admitted to the hospital. The flux had first appeared—

In 2	in the	13th,	and 3	in the	14th	year,	
23	"	15th,	" 31	"	16th	"	
20	"	17th,	" 14	"	18th	"	
11	"	19th,	" 8	"	20th	"	
3	"	21st,	" 1	"	24th	"	

In 6 the date was not remembered. The mean age at the first menstruation appeared thus to be 17·7, which corresponds closely with the results obtained in the preceding year. With regard to the recurrence of the periods, information was procured from 120 females. Of these, 3 menstruated every fortnight, 27 every three weeks, 83 every month, 3 every five weeks, and 4 irregularly, from the fourth till the eighth week. The duration of the discharge was noted in 87 individuals, of whom 45 reported from two to three days, 24 from three to four days, and 18 from five to eight days. The mean duration was three and a half days.

Of 128 cases of pregnancy, the papillæ in the areolæ of the breasts were observed to be enlarged in 120, but in 28 of these they were segregate and indistinct; in 8 they were wholly undeveloped.—*From the Norsk Magazin for Lægevidenskaben, udgivet af det Medicinske Selskab i Christiania,* B. iv., H. 9, 1850.

5.—*Sulphate of Bebeerine in the Treatment of Intermitting Fevers.* By Dr. A. Becquerel.

Under the name of Sulphate of Bebeerine, there is employed pretty commonly at the present time at Edinburgh, as

a febrifuge, and in the treatment of periodical headaches and neuralgia, a new substance, which is a combination of sulphuric acid, with an alkaloid, extracted from the bark and fruit of a tree which grows in Guiana, and which is known in England under the name of Green Heart, and, in its native country, under the name of Bebeeru or Sepiri. Dr. Rodie, a surgeon in the British navy, first discovered, in 1834, the febrifuge power of the bark of bebeeru, and the possibility of extracting from it an alkali, which is its active principle. Nevertheless, Dr. Rodie's observations had met with little confirmation, till, in 1843, Dr. Douglas Maclagan read, to the Royal Society of Edinburgh, a paper upon the bebeeru and bebeerine, in which he related numerous facts in evidence of the febrifuge action of bebeerine; and since that time, a number of English physicians—*e. g.*, Drs. Watt, Anderson, Bennett, and Simpson, have proved the anti-periodic efficacy of this new substance. All have been unanimous in acknowledging, that bebeerine was a tolerably powerful febrifuge, which might be substituted with advantage for the sulphate of quinine, as much on account of its price being less (a price which might be yet much reduced), as on account of the absence of all appreciable physiological action, and, in particular, of headache, vertigo, and confusion, so common after the administering of sulphate of quinine, in somewhat large doses. Such are the facts which have caused the author to try the sulphate of bebeerine in the treatment of intermittent fevers, desirous to contribute, as far as he could, towards the solution of that important problem, the substitution of succedanea for sulphate of quinine. The author regrets, that the facts which he has collected are not sufficiently numerous; but, such as they are, he thinks them worthy of the attention of physicians, in regard to the febrifuge action of sulphate of bebeerine. The sulphate of bebeerine had no apparent action upon the stomach or nervous system, in the cases of intermittent fever which the author submitted to the use of this substance. The patients were in number seven, all males, affected with intermittent fevers, well marked and confirmed, all old, relapsing, and obstinate; four of them had fevers contracted in Africa, and complicated with miasmatic cachexia. To give to his experiments all attainable certainty, the author always waited two or three days before resorting to active treatment, in order to see if repose and change of diet would cause the fever to cease; then he gave as an emetic, a scruple of ipecacuanha, and, as a purgative, a bottle of sedlitz water.

If after these measures the fever persisted, or became regular, the patients were subjected to the use of sulphate of bebeerine; farther, to render the trials more convincing, the patients were kept fifteen days under observation in the hospital after the fever had ceased, in order to determine if they had any relapse.

Of these seven intermittent fevers, five were tertian, two quotidian. In two of the tertians, the sulphate of bebeerine completely failed. In one of these cases, there was given, every second day, in anticipation of the paroxysm, fifteen grains of sulphate, repeated eight times, without obtaining any result. In the second case, the author gave, before the attack, fifteen grains of sulphate of bebeerine, repeated four times; then an equal number of doses of thirty grains during the intermission. No benefit was obtained. To these two patients, the sulphate of quinine, used only in doses of nine grains, arrested the first fit; as a precaution, however, the author again administered the same dose twice.

In the other five cases, three tertians, and two quotidians, the fever was completely stopped, by fifteen grains of sulphate of bebeerine in four cases, and by thirty grains in the fifth (a tertian.) Of the four fevers, in treating which he did not require to go beyond the dose of fifteen grains (two tertians, two quotidians), it was necessary to give it in one case for two days, in another case three days, and in the last two four days. The fits were always notably diminished in intensity. In the fifth case, a tertian, that in which he was obliged to augment the dose, he had given, during three days, the sulphate of bebeerine, to the extent of fifteen grains, without result; the fourth day thirty grains were given, with a diminution of the paroxysm; the fifth day also, thirty grains, when the fit disappeared.

After keeping these patients in hospital during fifteen days, to assure himself of the reality of the cure, he dismissed them. Three of them have not returned; a fourth came back four months after, with a tertian fever, which was treated with the sulphate of quinine, the author not having any sulphate of bebeerine at his command. The sulphate of quinine succeeded perfectly. A fifth has been reported to have returned since into one of the wards of the hospital; but the author was not able to ascertain that this was true. The author is careful not to found unwarranted conclusions upon the above facts; they are too few to entitle him, in the present state of our knowledge, to place sulphate of bebeerine among the best

substitutes for sulphate of quinine. As regards intermitting fevers, he knows very well that nothing is more difficult than to decide upon the therapeutic value of any particular system of treatment. In seeing the long catalogue of medicines of every kind, and even of substances which appear scarcely of such a nature as to have any action upon the economy, all decorated with the name of febrifuge, one must own, that in a great number of cases, it is easy enough to break the chain of circumstances and conditions upon which the phenomenon of intermittence depends. To form a sure opinion upon the real nature of a new medicine, regarded as an antiperiodic, it is necessary to have collected a very numerous assemblage of facts under every variety of circumstances. But, if we take together the above facts, with those collected by Dr. Rodie at Guiana, those of Dr. Watt in the same country, those of Dr. Anderson in India, and those of Drs. Douglas Maclagan, Simpson, and Hughes Bennett at Edinburgh, it must be admitted, that in the action of sulphate of bebeerine, there is something more than a coincidence; that there is a true curative effect, the results of which entitle it to farther and more extensive trials. As to the relapses, it may be affirmed, that no medicine, even the sulphate of quinine, can secure the patients against a recurrence, especially such patients as come into hospitals, and continually commit errors of regimen and hygiene. The author does not, therefore, attach great importance to the relapses; and he calls upon his professional brethren to ascertain for themselves the febrifuge qualities of a substance, whose action is so inoffensive, and the introduction of which into practice, if the good effects be confirmed, would realize a great economy in the treatment of intermittent fevers.—*Bulletin de Therapeutique, October*, 1851.

6.—*Induction of Premature Labor.* M. Cahen.

In the "Journal de Medicine de la Societe Academique de la Loire-inferieure," M. Potonnier relates a successful case of the induction of premature labor, both mother and child being saved; and in which he used the method of M. Cahen.

The patient was advanced to the seventh month of her first pregnancy, and had a deformed pelvis. To bring on labor, M. Potonnier introduced the canula of an ordinary syringe

into the os uteri, and passed it for a short distance between the membranes and uterus, and then injected about three fluid ounces of water, impregnated with a few drops of pitch resin. After seven hours and a half the woman was replaced in bed, delivery having been safely completed.—*Gazette Medicale de Paris, October*, 1851.

7.—*A Successful Case of Parturition, in a patient who had previously undergone Ovariotomy by a large incision.* By John Crouch, Esq., M. R. C. S., Bruton, Somerset; formerly House-Surgeon to the Winchester Hospital.

Fanny Gould, the subject of this case, is now a fine healthy young woman, twenty-six years of age. In August, 1849, I extirpated, by a peritoneal section of nine inches, a multilocular ovarian cyst, weighing fourteen pounds, and containing not less than two hundred separate cavities. The operation and its subsequent treatment are described in the 44th volume of the London Medical Gazette, and in the Provincial Medical and Surgical Journal for 1849. The tumor consisted of an hypertrophy of the left ovary, the cells of which contained an albuminous fluid of various consistencies. The fimbriated extremities of the left fallopian tube were also much enlarged, and contributed a considerable portion towards the diseased mass. The patient's history from the above period is as follows: About five weeks after the operation she walked the distance of five miles, to inspect the preparation of the tumor which had been extracted from her. During the winter the catamenia appeared at regular intervals, and her general health continued good, with the exception of an occasional pain in the left groin, and a slight difficulty in micturition, sometimes followed and relieved by a muco-purulent discharge in the urine. In April, 1850, she fulfilled an engagement made before the operation, and entered the married state. In January, 1851, the menses ceased, and in a short time subsequently the ordinary symptoms of pregnancy commenced. These were of a mild and healthy character—indeed, she never enjoyed existence more than during her period of gestation. The pain in the left groin, opposite the part where the pedicle of the tumor had been tied, the difficult micturition, and the deposit in the urine, entirely ceased. On the 9th of October, 1851, two hundred and eighty-two days from

the termination of the last menstrual period, she was, after a lingering labor, safely delivered of a male child, weighing seven pounds. The infant was born in a state of asphyxia, with the umbilical cord tightly encircling its neck; but soon after the pressure was removed, it showed symptoms of vigorous life. One fact, connected with the cicatrix on the abdomen of the mother, is not unworthy of notice. It was previously feared that the expansive powers of the parieties of the bowels would be impaired by so large a scar passing through their centre: I was therefore agreeably surprised to find that, not only did the surrounding skin dilate without tightness or puckering, but that the cicatrix itself increased in length *three inches*, and in breadth *one sixth of an inch*, during the period of pregnancy; thus affording an unusual and striking instance of the elasticity of newly-formed integument.

Fanny Gould has now been confined nearly seven weeks, and both the mother and child are doing well in every respect. The cicatrix has returned to the same dimensions as before the pregnancy; being five and a half inches in length, and one quarter of an inch in breadth.—*London Medical Gazette.*

8.—*Sub-nitrate of Bismuth in large doses in Typhoid Fever.* By M. Aran.

M. Monoret had previously noticed the good effects of sub-nitrate of bismuth in choleriform diarrhœa, and in the diarrhœa of children. M. Aran had administered it in a case of obstinate diarrhœa following typhoid fever; its success was rapid, and in twelve days the patient was convalescent when the sub-nitrate was administered, and that the completion of the cure was delayed only by this diarrhœa, which continued with much obstinacy. The case, therefore was one of that diarrhœa which almost always accompanies typhoid fever towards its termination, and which is most frequently connected with lesion of Peyer's plates, and with an irritated state of the intestinal mucous membrane; for at this period, the utility of alvine evacuations is indisputable, purgatives having the property, if not of abridging its duration, at any rate of preventing or rendering less intense the complications of other organs. But because this diarrhœa, while it continues within certain limits, does not present any special

indication, at least of active interference, in the earlier stages of the typhoid fever, it does not follow that it should be disregarded when it lasts beyond its ordinary term, during recent or not complete convalescence. Sometimes indeed, after a few days fever, appetite returns, fever diminishes, the tongue becomes moist, the meteorism disappears, the stomach is indolent, and yet the stools continue liquid and frequent, and the patients cannot bear the slightest nourishment. In this amylaceous lavements containing a few drops of laudanum are ordinarily employed, but often without success. The physician is thus puzzled to raise the strength of the patient; if he allows food, he has to fear enteritis; if he leaves his patient to absolute diet, his strength, instead of increasing, diminishes daily; he should then have recourse to subnitrate of bismuth as a powerful auxiliary.—*Bulletin General de Therapeutique. Stethoscope.*

9.—*Magnesia an Antidote for Poisoning with Copper.*

M. Roncher, in an article upon this subject in the Gazette Medicale de Strasbourg, draws the following conclusions from experiments he made:

1st. That calcined magnesia will arrest entirely the symptoms of poisoning with copper, if it be administered sufficiently soon after the copper has been taken.

2d. That the dose of magnesia necessary to neutralize the salt of copper, is eight grammes of magnesia to one of sulph. copper.

3d. That as magnesia prevents the formation of the greenish soluble salt, it is quite probable that it will act as an antidote to all the salts of copper.—*Northern Lancet.*

PART IV.

AMERICAN SUMMARY.

1.—*The "Aztec" Dwarfs.* By JOHN L. LE CONTE, M. D., Member of the New York Lyceum of Natural History.

We presume it is scarcely necessary to caution our readers to place no reliance on the ridiculous stories that have been circulated respecting the origin and discovery of these singular objects. No one will be likely to believe such a tissue of absurdities.

In a community of reasoning men, it would likewise appear absurd to attempt to show the error of considering them as belonging to a *distinct race* of human beings.

However many new races yet remain to be discovered, no intelligent being would ever dream of indicating any of them upon differences found in two idiotic children. As, however, some of the giants of the press, in a community where the opinion of the press is frequently the opinion of the people, have ventured to pronounce positively on this subject, we think a brief statement of the true nature of these objects will not be out of place, even though we are able to advance nothing which is not already quite familiar to every one of our medical brethren.

That they are idiot, will be granted by every one who has observed their vacant, unmeaning stare, and their feeble attempts at articulation. The fact that they are "improving in intelligence," evidenced by various little circumstances, is not against this view; for this "improvement" is the result of mere imitation, and never displays itself in any action that can be considered as springing from an internal intelligence.

The complexion of the children is precisely that of the majority of the inhabitants of Mexico and New Granada; the ordinary mixture of Spanish, American, and African.

The intermixture of negro is shown more strongly in the girl, in whom the hair is crisp and curly, as in many quadroons. In the boy, this character is much less distinct. This difference alone should be abundantly sufficient to destroy the opinion that they are of a distinct race, since, in all pure races, there is a perfect accordance in physical characters between different individuals.

The iris of the eyes of both children is of that undecided, muddy hue, which is characteristic of the African race; the slight obliquity of the same organs prove an Indian admixture.

With regard to the *age* of the children, nothing exact can be learned, as their history is not known. From observation we find that the girl has not yet commenced changing her teeth, while in the boy, the superior incisors are advanced only a little beyond the gum, thus indicating the age to be respectively about six or seven, and eight or nine years.

The resemblance to the Central American sculptures has given to these specimens the misnomer of Aztecs. The fact seems to be forgotten, that the Aztecs were not the builders of the monuments in question, and that they never elongated the head by pressure. The Toltecs, however, seem to have done so, and thus produced a form of cranium which, at first sight, has some resemblance to the heads of these dwarfs.

The resemblance is, upon examination, found to be very slight, and to depend solely on the direction of the forehead. This identity of direction is, however, produced, in the two instances, by very different causes. In the case of the ancient Toltecs, compression has elongated the head in a direction obliquely upwards, and a line from the eye to the ear cuts off a segment greater than a hemisphere, and shows, as in our own race, a great cerebral capacity.

In these idiotic children, a line joining the eye and ear runs off, high on the back part of the head, leaving a very small superior segment to indicate the cerebral capacity. The obliquity of the anterior outline of the cranium is, therefore, produced by a deficiency of the cerebral mass.

With regard to the sexual propensities said to be manifested by these "Aztecs," it is safer, with our knowledge of their dentition, not to credit them, until they are observed by some person who may be considered as a disinterested witness. In their conduct towards each other, while running about the stage, no symptom of passion are discernible.

The remarkable peculiarity of these children is the small

size of the head, which is not at all disproportioned to the body; yet the features are but little smaller than those of ordinary children of the supposed ages. The deficiency is almost entirely in the cranium.

The singularity of their outline, and the good proportions of the different parts of the body, entirely take away the repulsive appearance which monstrosities usually possess; and we recommend all our brethren to avail themselves of the opportunity of seeing them, as such objects are not likely to occur again. We mourn over the weakness of poor human nature, which requires that even singular prodigies should be surrounded by deception and falsehood, before they can receive the attention they deserve.

2.—*Cod Liver Oil in Phthisis.*

Dr. Walsh in his work on Diseases of the Chest, states the following as his conclusions on this subject.

1. That it more rapidly and effectually induces improvement in the general and local symptoms than any other agent.

2. That its power of *curing* the disease is undetermined. I mean here by curing the disease, its power of causing, along with suspension of progress, such change in the organism generally as shall render the lungs less prone to subsequent outbreaks of tubercles, than after suspension occurring under other agencies.

3. That the mean amount of permanency of the good effects of the oil is undetermined.

4. That it relatively produces more marked effects in the third than in the previous stages.

5. That it increases weight in favorable cases with singular speed, and out of all proportion with the actual quantity taken; that hence it must, in some unknown way, save waste, and render food more readily assimilable.

6. That it sometimes fails to increase weight.

7. That in a great majority of cases where it fails to increase weight, it does little good in other ways.

8. That it does not relieve dyspnœa out of proportion with other symptoms.

9. That the effects traceable to the oil in the most favorable cases are: increase of weight, suspension of colliquative sweats, improved appetite, diminished cough, and expectora-

tion, cessation of sickness, with cough, and gradual disappearance of active physical signs.

10. That in some cases it cannot be taken, because it disagrees with the stomach, impairing the appetite (without itself obviously nourishing), and causing nausea, or because it produces diarrhœa.

11. That in the former cases it may be made palatable by association with mineral acid, and in the latter prevented from affecting the bowels by association with astringents.

12. That intra-thoracic inflammations and hemoptysis are contra-indications to its use, but only temporarily so. I have repeatedly given the oil within a day or two after cessation of hemoptysis, without any return taking place.

13. Diarrhœa, if depending on chronic peritonitis, or secretive change, or small ulcerations in the ileum, is no contra-indication to the use of the oil; even the profuse diarrhœa caused by the ulceration of the large bowel, is not made worse by it.

14. That the good effects of the oil are *cæteris prribus*, directly as the youth of those using it—a singular fact, which probably may one day (when the textural peculiarities of youth are better understood), aid in giving a clue to its mode of action.—*Western Journal of Medicine and Surgery.*

3.—*Bi-lateral operation in the Female for Calculus.* By Paul F. Eve, M. D., Professor of Surgery in the Nashville University.

On the 10th of December, I removed a stone from the bladder of a little girl, two circumstances attending which may merit a notice—one regards the etiology of the affection, the other is in relation to the method of operation.

The patient is a daughter of Dr. D——, of this State, and was operated upon on her fifth birth-day. She had up to her third year lived in a section of country where the water was greatly impregnated with *lime*, but at that time her residence was changed to a location where there exists no calcarious formation and the water was pure. At this period she contracted variola from her father, and had a very decided attack. During her convalescence from the small pox, she experienced an inordinate appetite for acids. To gratify her, a barrel of crab-apple cider was procured which she consumed by the quart a day. The neighbors, too, furnished her freely with

pickles. She now presented symptoms of stone. The calculus is of the oxalate of *lime* formation. May not the excess of acid in the system previously charged with a redundancy of an alkaline earth, have had some influence upon the deposit of this foreign body from the urine?

In thirty-six hours after the operation, the patient was apparently well. On the second night after it she retained her urine without wetting the bed, rising twice to evacuate it; and on the fifth day her father, a practicioner of medicine, considered her so well, he took her home in an open buggy, a distance of thirty-five miles, while the temperature was below freezing point all day. The calculus in this case measures nearly three inches in its greater circumference.

To extract a stone from the bladder of the female is no very difficult operation, but to remove one without leaving incontinence of urine is a different affair. Any one, even a frere Jacques, ignorant of anatomy, may thrust in his knife and seize the foreign body; but too often has the condition of the sufferer been but little improved by the operation. One of the most distressing and disgusting calamities which may befall the female, a constant stillicidium urinæ, is to be dreaded in all operations upon the bladder. The urethra may be incised to a limited extent in three directions without this being a necessary sequence. To wound the vagina or implicate it in the operation is certainly an error, and yet from the facility of this mode of operation how frequently has it been done? The orifice of the urethra offers the greatest resistance to dilatation, and it, if possible, should be most respected in our operative procedures.

The operation performed in the above case was as follows: The child being placed under chloroform, Dupuytren's double lithotome (an instrument containing two concealed blades made to project by a handle), was introduced into the bladder so as to touch the stone, a half turn was communicated to it so as to present a convexity to the pubis, the blades sprung, and the instrument withdrawn until the cutting edges of the knives were seen to appear on each side at the orifice of the urethra. Dilatation was now affected with the finger, the forceps employed and the calculus extracted. By this operation the orifice of the urethra is but slightly incised on either side and incontinence of urine best prevented.

This operation, the bi-lateral in the female, with the result in the case, is respectfully submitted to the profession.—*Nashville Journal of Medicine and Surgery.*

4.—*A Case of Chorea treated by Chloroform.* By Wm. A. Milner, M. D., of Union Parish, Louisiana.

I believe it is generally admitted that but little more is known of the nature of this disease, than that it is a functional derangement of the nervous system. It is therefore not my design to advance pathological views upon a subject so imperfectly understood by abler and more experienced practitioners, but merely to give the treatment of a single case, which will, perhaps, not be uninteresting.

I am aware, too, that the prognosis of uncomplicated chorea is generally favorable, there being instances of spontaneous recoveries; nevertheless, it is a very ugly, and I may say formidable disease, and one which excites the greatest interest and solicitude on the part of friends and parents.

June 5. My attention was called to the daughter of Mr. L., aged nine years. She was able to run about, but there was irregular motion of the hands, and some slight twitching of the muscles of lips and face; she was yet able to feed herself—complained of some headache. She was taken from school two months previous to my seeing her, from complaining of headache and general, but slight, indisposition. *Prescription*—Active purge of rhei. colocynth and calomel every third night. Being rather anæmic, put her on Valet's ferruginous pill, three times per day.

June 8. Bowels are well acted upon; but the case has grown rapidly worse. In seems that every voluntary muscle in the whole system is in motion; deglutition is performed with great difficulty—requires two persons to hold her up. Average sleep in twenty-four, one to two hours, in very short naps. *Prescription*—¼ gr. sulph. morph., repeat every hour until sleep is induced; applied blister, two and a half by six inches, over dorsal region; sulph. zinc, one grain three times per day.

June 10. My patient has eaten nothing of consequence for two days; stomach very irritable; the zinc was rejected—repeated, and rejected, for two days; morphine seems to aggravate, even in one grain doses, instead of quieting and inducing sleep. Blister drew well, and is considerably irritated from the incessant motion, which makes me regret having put it on. *Prescription*—Oil and turpentine to move the bowels; stop the zinc, and gave comp. tinct. gentian ʒj., and ʒj. infusion snake root, three times per day, with 1 gr. ext. hyoscy. at night, and repeat once, in an hour, if required.

June 11. Patient rested better last night, stomach is quieted, and desires to eat. Continued same treatment.

June 12. Patient passed a restless night; has some erysipelatous spots on hands and feet, which I attribute to hyoscy., having taken 2 grs. last night. The stomach is quiet; eats soup or gruel with difficulty; takes nothing solid. The muscular disturbance is still very great; no appreciable amendment.

I now proposed to Mr. L. to use chloroform, since the anodynes had ceased to have the desired effect, of inducing sleep, &c., but it was strongly opposed by the family, from the abominable prejudice existing against what I consider a God-sent blessing.

I refused to treat the case farther, without consultation, upon which Dr. Calderwood, of Monroe, was sent for. He arrived in the evening of the 13th. We immediately used chloroform, and kept the patient under its influence for an hour. She slept for about an hour after the anesthesia subsided, but aroused up into the same incessant motion. We again put her under its influence, and used it every time she waked during the night.

June 14. Patient seems more quiet while awake this morning. *Prescription*—Used chloroform at 9 o'clock, A. M. and at 4, P. M. with 1 gr. hyoscy. ext. at night, and chloroform every time she wakes during the night. Commenced sulph. zinc in one sixth grain doses, three times per day, gradually increasing the dose.

June 17. Patient has improved rapidly; can sit alone in a chair; slept all last night without chloroform. Continue same treatment.

June 20. Patient can walk alone, feed herself, and speak tolerable distinctly; has knitted a little. She is now taking as much as 1 gr. zinc, three times per day; has slept without chloroform at night, since the 17th. Continue same treatment. Chloroform once per day. Bowels keep regular without physic, since using hyoscy., and left off morphine.

June 30. Patient has continued to improve; the muscular disturbance is very slight, with short but distinct intermissions; her color is quite sallow; tongue clean, but red: circulation rapid, with good appetite. Have increased zinc to 2 grs., stomach will not tolerate more. *Prescription*—Discontinue hyocy., and continue chloroform once perday, and zinc as before.

July 5. Patient is quite clear of all symptoms of chorea, but

is in a very anæmic condition. *Prescription*—Discontinue other treatment, except the occasional use of chloroform, when wakeful at night, and put her upon an iron tonic, which has had its desired and usual effect in such cases.

Dec. 1. Up to this time my patient has had almost uninterrupted good health.

The speedy and successful treatment of the above case, is attributable, in my humble opinion, almost, if not entirely, to chloroform, having used zinc, silver, copper, ammonia, and the thousand and one remedies, in other cases, before the discovery of chloroform, with bad success.—*Southern Medical and Surgical Journal.*

5.—*Hints on Cancerous Affections.* By Prof. W. Stone.

In the October number of the "Register," I called the attention of the profession to the use of the phosphate of lime and nitrogenous diet in depraved states of the system in scrofulous diatheses. Now, as it is believed that true cancer never occurred in decidedly scrofulous subjects, it is fair to infer that an opposite course of diet is more appropriate; and it is very probable that by directing our attention to the subject, we may be able to fix upon some agent that will aid in arresting the progress of this dreaded disease. Experience has shown that the least nitrogenous diet is best in this disease. In the memoirs of the celebrated Nathan Smith, written some twenty years ago by his son Nathan R. Smith, of Baltimore, are found the views of this remarkable man, which were based purely upon observation, without a chemical idea to theorise upon. His diet for this disease was vegetable; and of this he thought green corn the best. A case is related of a lady on whom he operated for a very large cancerous breast, involving the glands of the axilla. It was in the season for green corn, and the patient was put upon this article of diet. Sufficient was gathered when in the milk, and dried, to last until the season returned, and this made soft by boiling, and used with little or no seasoning. He states that whenever she attempted to return to her usual diet, she experienced shooting pains in the part, but finally, after two years, she gradually changed her diet. The notice of this case was given seven years after the operation, and there was no appearance of a return of the disease. Corn in this State contains,

I believe, more phosphorus than any other vegetable, but whether this renders it more suitable to this disease, I am not prepared to say. Professor Bigelow, of Boston, relates a case in which diet kept a cancerous affection dormant, at least, for many years, or rather he states that it was gradually getting well. This was the case of the late distinguished surgeon Amos Twitchell, of Keene, N. H., with whom I was well acquainted. I dined with him in 1848; he furnished a good dinner for his guests, but dined himself on milk and berries. Vegetables of the blandest kind constituted his main food, but I do not think he confined himself to any one article. The disease was seated in the inner canthus of one of his eyes, was removed many years ago with the knife, but the cicatrix soon took on the same degeneration, and he relied upon diet; and although it might appear to a gourmand a very meagre diet, he was able to undergo more fatigue at the age of 64 than many young men. I mention these cases not as being remarkable in themselves, but because they illustrate the effects of diet, and at the same time cover the views of two medical men, remarkable for their powers of observation.

As a remedy to be given in aid of diet, I think arsenic, with our present knowledge, is the best. There was an able article in the London Lancet, I think in the fall of 1849, on the use of arsenic in lupus and canceroid diseases, which was interesting because it showed how it should be given to be useful. The preparation used was Fowler's solution, in doses of from two to five drops, and continued for a long time. The writer also called attention to the fact that instead of increasing the dose after long use, it should be diminished. I have always contended that alteratives, to be useful, should be given in such doses as will not disturb the natural functions. The solution is advised in such doses as will permit its use for an indefinite length of time, without producing any manifest specific effects. I have great confidence that this, together with diet, will exercise a very salutary influence over this dreaded disease.—*New Orleans Med. Register.*

6.—*Case of Ossification of the Spleen, &c.* By Edward M. Porter, M. D.

S———F———, aged about sixty years, living in a malarious district, was the subject of repeated attacks of intermit-

tent fever, and consequently serious diseases of the viscera supervened.

He was for some years more or less under the notice of my preceptor, Dr. E. Fithian, during which time a very hard tumor was developed in his left side. It was subjected to the examination of different physicians, but from its peculiar situation, &c., none ventured to give a positive diagnosis; however, symptoms of dropsy of the chest came on, and ended his existence.

Upon post-mortem examination, we found considerable effusion in the cavities of the chest and abdomen; the heart and its membranes enlarged to double their normal size, and the left lung correspondingly atrophied; the liver somewhat larger then natural, but its structure seemingly healthy; the gall-bladder we found nearly filled with stones, the largest of which, occupying the base of the sac, was about the size of a play marble. The spleen was not altered so much in size as structure, part of it being completely ossified, and so adherent to the parietes of the abdomen, that it was quite difficult to separate them.

I submit this case to your readers, with no more comment than to express my astonishment, that there could have been such a walking laboratory of disease; and to notice the value of pathological investigation.

It is a matter of surprise, what extensive organic lesions and encroachments can take place in the body, with so little comparative indication, or distress; and we can only account for it, by believing the morbid condition to be the result of slow and gradual development, and the almost unlimited natural powers of the system to resist disease.—*New Jersey Medical Reporter.*

PART V.

EDITORIAL DEPARTMENT.

DISCOURSES BY PROF. DANIEL DRAKE, DELIVERED BEFORE THE CINCINNATI MEDICAL LIBRARY ASSOCIATION.

These discourses are two in number, and were delivered on the 9th and 10th of January to large audiences. The first one is on the "Early Physicians, Scenery, and Society of Cincinnati." The second is on the "Origin and Influence of Medical Periodical Literature; and the Benefits of Public Libraries."

We do not intend to give an extended notice of these discourses, because it is presumed that every western physician will purchase and read them; but we may be permitted to say, that the high reputation of the talented and venerable author is fully sustained, both as to style and matter. Much that is contained in the first discourse could have been given by no other person, as he has been a resident and an actor in the locality for more than half a century, while he yet retains a youthful vigor and elasticity of mind and body, which most of his juniors might envy. He is now the only representative in our profession by which we are connected with the early history of the "Queen of the West," and how fortunate for us it is that we have one so capable of rescuing its history from oblivion. He was its first medical student, its first graduate, and first medical author. These discourses will be found exceedingly interesting in matter, while the style is a model of terseness and perspicuity. This *brochure* contains ninety-three pages, gotten up in a very neat style. Published for the Association, by Moore & Anderson, No. 58 west 4th street, by whom it is for sale.

While on this subject we may remark that the rooms of the

Cincinnati Medical Library Association are now open in the Ohio Medical College building to subscribers, and to such strangers as they may introduce, and we would remind our country friends, that when visiting the city, they can always obtain access to the rooms of the Association through subscribers, where they will find all of the periodicals of this country, as well as several of the European. A collection of books has been commenced also, that will it is expected be much increased; some of those now on the shelves are rare and valuable.

RELATION BETWEEN PHYSICIANS AND APOTHECARIES.

In a former number of this journal, we took occasion to allude to the importance of a proper understanding between physicians and apothecaries. These two occupations should be kept quite distinct, while at the same time a good understanding ought to exist between persons pursuing them. No physician is true to the interests of his profession and the public, unless he deal fairly and candidly with the apothecary, and give his patronage only to those known to be qualified, and then not to make invidious distinctions among this class. On the other hand, every apothecary should be well qualified, and of proper disposition towards practitioners of medicine, and without officiousness in meddling with their affairs or recommending one in preference to another of those in good standing. They should consider their interests as identified with the profession of medicine, and its respectability; and ever sustaining it in its codé of ethics. In short, there should be a mutual promotion of interests, which would be reflected on the public; and thus the *whole* object of medicine would be more perfectly accomplished. For the purpose of carrying out these objects, we take pleasure in placing the following report before our readers:

Report of a Joint Committee of the Philadelphia County Medical Society, and the Philadelphia College of Pharmacy, relative to Physicians' Prescriptions.

[Published by order of the Board of Trustees of the Philadelphia College of Pharmacy.]

The joint Committees of the Philadelphia County Medical Society, and of the Philadelphia College of Pharmacy, appointed for the purpose of considering the means best adapted to prevent the occurrence of mistakes in the compounding of the prescriptions of Physicians by Apothecaries, beg leave to report that they have

given to the subject all the attention that its importance demands, and present the following hints as the results of their joint deliberations. They have taken the liberty of adding, also, a few general hints on the relations that should exist between physicians and pharmaceutists.

A. *In Respect to Physicians.*

1. Physicians should write their prescriptions carefully and legibly, making use of good paper, and, whenever possible, of pen and ink. When obliged to write with a pencil, they should take the precaution to fold the prescription twice, so as to prevent its being defaced.

2. The nomenclature of the United States Pharmacopœia is becoming annually more in favor with pharmaceutists; a statement attested by the fact that 1500 copies of the book of Latin Labels for shop furniture, published by the Philadelphia College of Pharmacy, have been disposed of within three years. Physicians are also becoming more alive to the merits of our national Codex, and they are respectfully urged to familiarize themselves with its nomenclature, and to adhere to it strictly in their prescriptions.

3. The numerous treatises on Materia Medica, Pharmacy, and the Practice of Medicine, of English origin, that are reprinted in this country, notwithstanding they are generally interlarded with the formulæ of our own Pharmacopœia, tend, nevertheless, very much to confuse the physician and apothecary, in the use and exact meaning of terms in prescriptions, To obviate the difficulties thus occasioned, the physician should, when he prescribes a medicine, which is not officinal, nor in common use, state on his prescription, either in a note at the bottom, or within parentheses, following the article, the authority or work from whence it is derived, as "Griffith's Formulary"—"Ellis' Formulary"—"Braithwaite's Retrospect," etc.

4. Physicians would lessen the risk of errors in their prescriptions, and increase the chances of their detection should they be made, by observing the following hints:

1st. Write the name of the patient at the top of the prescription, unless a good reason prevents this being done; in which case, it should be expressed as for Mr. G—, Mrs. R—, or Mrs. S.'s child, or for Master T—, so as to convey to the apothecary some idea of the age of the patient.

2d. The date and name of the physician, or his initials, should always be appended, and, whenever practical, the dose and mode of administering the medicine directed.

3d. When an unusually large dose of an active medicine is prescribed, as opium, morphia, elaterium, strychnia, etc., let such names be put in *italics*, and the quantity or quantities repeated in writing enclosed within a parenthesis; thus: ℞ Morphiæ Sulphatis grs. vj. (six grains.) Div. in chart. vj.

4th. When an active substance is to be used externally, it should be so stated on the prescription; thus, "For external application"—"To be applied to the part as directed," etc.

5th. The quantities of each article should be placed in a line with the name, and not below it, and in using the Roman numerals, the *i*'s should be dotted correctly.

6th. The occasional practice of writing the directions intended for the patient in *latin*, and especially in abbreviated latin, is uncalled for, and attended with some risk; it is far safer to write them in English, and without abbreviation or the use of figures, unless these are well and distinctly formed.

B. *In Respect to the Apothecary.*

1st. The apothecary should hesitate to dispense a prescription, the handwriting of which is so imperfect as to render the writer's meaning doubtful—especially if it involves agents of a poisonous or irritating character—unless he is able, from collateral circumstances, to satisfy himself of the intent of the prescriber. In such a case, he should delay the delivery of the medicine to the patient until he can see the physician, and in doing so he should avoid committing the latter by agreeing to send the medicine when it is ready.

2d. The apothecary is justified in the same means of delay, if he, after deliberate consideration, believes that the physician has inadvertently made a mistake in the quantity or dose of the article or articles prescribed; always keeping in view the physician's reputation as well as his own. Every respectful application, in such cases, to a physician, should be met in good faith and with kind feeling, even though no error should prove to exist.

3d. In his demeanor and language the apothecary should cautiously avoid compromising the physician, unless it be unavoidable, in which case honesty is the best policy, and the patient or his messenger should be told that it will be necessary to have an interview with the physician previously to compounding his prescription.

4th. The apothecary is not justifiable in making inquiries relative to the patient or his disease, or remarks relative to the character or properties of the medicines prescribed, that are uncalled for, or likely to convey a wrong impression, through an ignorant messenger, to the patient, excepting it be done in a case where he has doubts in regard to the prescription, and wishes to satisfy himself, and here he should act with great discreetness.

5th. When an apothecary is asked his opinion of a physician's prescription in a manner that indicates want of faith in the prescriber, he should waive the question, unless by a direct answer he should be able to restore that confidence. When asked the nature of the ingredients, he should be guided in his answer by circumstances, avoiding to give the desired information, when he believes it would be contrary to the wish of the physician, or attended with injurious consequences. In other cases he should use *his* own judgment.

6th. Physicians being often unacquainted with practical pharmacy, pay little attention to the order in which the several articles entering into a prescription are arranged, with the view to facilitate the operations of dispensing. It hence becomes the first duty of the apothecary carefully to read the prescription and fix the proper order in his mind. He should, at the same time, acquire the habit of considering the quantities ordered in relation to the usual doses, and also, the general bearing of the prescription; and a constant resort to this practice, based on due knowledge, must inevitably detect mistakes, if any have been made.

7th. Apothecaries should accustom their assistants to study prescriptions in this light, and to acquire such a knowledge of the doses and therapeutical uses of medicines as shall serve to guide them in avoiding errors.

8th. The apothecary, when engaged in dispensing a prescription, should, as far as possible, avoid mental preoccupation, and give his attention fully to his task. He should acquire the habit of *always* examining the label of the bottle before using its contents, and he should satisfy himself that he has read the prescribed quantity correctly, by referring to the prescription anew before weighing out each article. It is also a useful precaution to have bottles containing mineral or vegetable poisons distinguished by some prominent mark.

9th. As the conscientious discharge of his duty should be the aim af every apothecary, seeing that on his correct action depends, in no slight degree, the usefulness of the physician, no pains should be spared to secure the efficiency of the medicines dispensed, whether they be drugs or preparations. The latter should always be prepared of full strength, and according to the formulæ recognised by the United States Pharmacopœia, unless when otherwise specially ordered.

10th. The apothecary should always label and number correctly all medicine dispensed by him on the prescription of a physician; he should also, invariably, transcribe on the label, in a plain legible handwriting, the name of the patient, the date of the prescription, the directions intended for the patient, and the name or the initials of the prescriber.

11th. The original prescription should always be retained by the apothecary, whose warrantee it is, in case of error on the part of the prescriber. When a copy is requested, if, as in many instances, no objection can be urged, it should be a *fac simile* in language and symbols, and not a translation.

12th. In no instance is an apothecary justifiable in leaving his business in charge of boys, or incompetent assistants—or in allowing such to compound prescriptions, excepting under his immediate and careful supervision.

13th. In justice to his sense of the proper limits of his vocation

to the medical profession, and to his customers, the apothecary should abstain from prescribing for diseases, excepting in those emergencies, which occasionally occur, demanding immediate action, or, in those every day unimportant cases, where to refuse counsel would be construed as a confession of ignorance, calculated to injure the reputation of the apothecary, and would be attended with no advantage to either physician or patient.

14th. The sale of quack or secret medicines, properly so called, constitutes a considerable item in the business of some apothecaries. Many of the people are favorably impressed towards that class af medicines, and naturally go to their apothecaries for them. It is this which has caused many apothecaries to keep certain of these nostrums, who are ready and willing to relinquish the traffic in them, but for the offence that a refusal to supply them to their customers, would create. At present, all that the best disposed apothecary can be expected to do, is to refrain from the manufacture himself, of quack and secret medicines; to abstain from recommending them, either verbally or by exhibiting show-bills, announcing them for sale, in his shop or windows; and to discourage their use, when appealed to.

15th. Having in view the welfare of the community and the advancement of pharmaceutical science and interest, it is all important that the offices of prescribing and compounding medicines should be kept distinct, in this city and surrounding districts. All connection with, or moneyed interest in apothecary stores on the part of physidians, should therefore be discountenanced. With respect to the pecuniary understanding said to exist in some instances, between apothecaries and physicians, we hold, that no well disposed apothecary or physician would be a party to such a contract, and consider the code of Ethics of the College of Pharmacy, and the Constitution of the Philadelphia County Medical Society, as sufficiently explicit on this subject.

16th. In reference to the patronage on the part of Physicians of particular apothecaries, we are of the opinion, as a general rule, that Graduates in Pharmacy should be encouraged in preference to others of the same date of business; and, whilst admitting the abstract right of the physician to send his prescriptions where he pleases, we think that justice should dictate the propriety of his encouraging the nearest apothecary deserving of his confidence and that of his patient.

D. Francis Condie,
Wm. Maybury,
G. Emerson,
} *Committee of County Medical Society.*

William Proctor, Jr.
H. C. Blair,
John H. Ecky,
} *Committee of Phila. College of Pharmacy.*

MENDENHALL'S MEDICAL STUDENT'S VADE MECUM.

We have received a copy of the above compend of medical science, but which came to hand too late for notice in the proper department. In our next number, we shall take occasion to refer to the general plan of the work, and the advantages which students may derive from it. In the mean time, we can cheerfully commend it to those engaged in the study of medicine, believing that it will afford them many advantages in reviewing their studies. It is for sale by W. Phillips & Co. and also by book-sellers generally. L.

ANONYMOUS PUBLICATIONS,

We have recently received an anonymous printed article of four pages, directed to the American Medical Association, in relation to the controversy which has been going on for some months between two southern physicians. We have taken no part in this controversy, nor do we expect to do so, but wish to remark that the party who first considered himself aggrieved in this matter would certainly stand before the profession in a much fairer light if he would abstain from low personalities and scurrilous abuse. This article signed "Western Physician, M. A. M." to which we have alluded, is in style much like some which have preceded it on the same side, bearing the signature of one of the parties, and it appears to us as if written by the same pen. If any respectable physician feels called upon to take sides in this controversy, we would advise him to at least sign his true name to his productions and not screen himself from responsibility in this covert manner. It has been said by high authority that "no gentleman will write an anonymous letter," and we are very much disposed to believe it is true. We decidedly condemn all productions of this kind; a man should always be prepared to take the responsibility of his own acts, and particularly when he belongs to a profession like ours.

RANKING'S ABSTRACT.

We have received No. 14 of the above periodical, extending from July to December, 1851. The great number of medical periodicals scattered over the civilized globe, render works of this character indispensable. We know of none better than the above. For sale by Phillips & Co. Cincinnati—Lindsay & Blackiston, publishers, Philadelphia.

MISCELLANY.

Chloroform in Infantile Convulsions.—This remedy by inhalation, is highly recommended in infantile convulsions, by Dr. Simpson, of Edinburgh, when they depend upon sympathetic, reflex, or eccentric causes.

A New Quackery.—In Naumberg a man named Mahner is preaching the necessity of a new regeneration, not in the spiritual, but physical sense. He warns a sickly race that it must return to the lost state of "primitive health," or *Urgesundheit*, as the means of more fully enjoying life, and attaining a patriarchal old age. It is to be secured by a diet of bread and water, going barefoot, and letting the hair and beard grow; in short, making a nearer approach to man's original state in costume than the decencies or prejudices of modern society will altogether permit. On this topic he has been lecturing to a chosen few, but his doctrines do not seem to take, bread and water not being tempting, even with fourscore years promised as the prize of self-denial. It is also said that the apostle does not fully act up to his own precepts, preferring a well-spread table and every variety of wine or beer to the pure element; but this may be a calumny of the hotel keepers. The German journals are perpetually turning up some eccentricity of this sort; to repair or preserve health, the oddest "cures" are resorted to. A section of the public seems determined to escape the hands of the faculty, and die by some irregular process, rather than with the aid of medicine. In a single advertising sheet could recently be counted up a water cure, a grape cure, a milk cure, and a hunger cure; to these must be added another just getting into vogue—some of the former having had their day. It is the cure by muscular exercise, by which cripples from rheumatism are put through a course of gymnastics, and dancing is prescribed for the gout. These, however, are all merely cures or remedies; the "primitive health" theory is founded on a system of living which would literally make "man's life as cheap as beasts," without much prolonging it. As far as hair and beard go, many of the Berliners are meeting the Naumberg preacher more than half way. —*Prov. Med. and Surg. Journ.*

In these last respects, our own people are coming up to the standard rapidly.

Cost of the Doctorate in Paris.—The Union Medicale makes the following estimate of the cost of the degree of doctor of medicine in Paris: The collegiate education requires seven years, and to obtain the two baccalaureate degrees, two years more are necessary; then the medical studies, properly speaking, will average six years; making a total of fifteen years. The seven years at college cost 1000 francs per annum, making 7000 francs; the two

baccalaureates 320 francs; the six years at medical college 1200 francs a year, or total 7200 francs. Private courses of study 1000 francs; matriculations, examinations and diploma fee 1100 francs; instruments and books 2000 francs—making a grand total of 18,620 francs, or about $3,724.

Collodion in In-growing Toe Nail.—[M. Meynier, in Bulletin de Therap.] Press down the fleshy portion, and pour between it and the edge of the nail a small quantity of collodion; this soon solidifies, induces a rapid cicatrization of the ulceration, and when the disease does not arise from an abnormal shape of the nail, procures a cure.

Prophylaxis of Syphilis.—Dr. Langlebert announced to the Academy that he had discovered a substance capable of destroying the effects of the syphilitic virus. This preservative consists of a strong alcoholic solution of soap, having an excess of alkali. Dr. Langlebert had performed several experiments by inoculating with the poison of chancres, and then applying his antidote within about five minutes afterwards. The effects of the virus had in every case disappeared.—*Lon. Med. Gaz.*

Female Dentists.—It appears that females are to be encouraged to study and practice dentistry, because it is improper for the sex to employ males. *What next?*

MEDICAL COLLEGE OF OHIO.

The thirty-second session of the above institution has just closed. The number of pupils in attendance, (151) was smaller than the preceding session, which is attributable to the unfinished state of the building when the course began. Many students who came to the city left in consequence of the want of proper accommodations, and many more were deterred from even visiting the institution. The graduating class, as will be seen by the list which follows, was very large in proportion to the number in attendance. The building, we may add, is rapidly progressing toward completion, and will be entirely finished long before the opening of the next course of lectures.

At a public commencement, held on the first day of March, 1852, the degree of Doctor of Medicine was conferred by John P. Foote, Esq., President of the Board of Trustees, upon the following gentlemen: after which the graduates were addressed by the President, and a charge was delivered by Professor Lawson.

List of Graduates.

NAMES.	RESIDENCE.	THESES.
Adams, J. R.	Ind.	Epidemic Dysentery.
Axline, Jonathan,	Ohio.	Asthma.
Babb, L. P.	Ohio.	Man's Place in the Animal Kingdom.
Balsly, George L.	Ky.	Scrofula.
Barber, J. H.	Ky.	Physiology of the Lungs.
Beauchamp, Hiram,	Ohio.	Cholorosis.
Bishop, L. W.	Ohio.	Cathartics.
Blanton, Carter,	Ky.	Menstruation.
Brading, G. W.	Ohio.	Miasmata.
Bridge, W. W.	Ohio.	Circulation.
Brownell, V. D.	Ohio.	Inflammation.
Chute, Samuel H.	Ind.	Acute Pneumonia.
Cook, A. L.	Ohio.	Absorption.
Cooper, Joseph M.	Ohio.	Dysentery.
Crosbie, Peter J.	Ohio.	Acute Pneumonia.
Curran, W. H.	Ky.	Puerperal Peritonitis.
Deulaney, J. J.	Ky.	Congestion.
Dickerson, F. J.	Ky.	Intermittent Fever.
Doherty, G. A.	Ohio.	The Agency of the Arteries in the Circulation.
Donelan, E. A.	Mo.	The History and Progress of Medicine.
Dyche, David Raper,	Ohio.	Acute Pneumonia.
Gish, C.	Ohio.	The Medical Topography of Montgomery County,
Grubbs, W. B.	Ky.	Acute Dysentery.
Hart, Samuel,	Ohio.	Respiration.
Jenkins, Solomon,	Ohio.	Scarlet Fever.
Kellogg, George M.	Ohio.	Medical Botany.
Leonard, Wm. L.	Ohio.	Auscultation and Percussion.
Locke, John, Jr.	Ohio.	Dalton's Atomic Theory.
Ludden, Benjamin M.	Ohio.	The History, Prophylactic and Therapeutical, of Music.
Martin, J. L.	Ky.	Epidemic Cholera.
McMechan, John,	Ohio.	Neuralgia.
Miller, V. G.	Ohio.	Animal Heat.
Monahan, A. B.	Ohio.	Bilious Remittent Fever.
Quinn, Isaac H.	Ohio.	The General rinciples of Medicine.
Ristine, Henry,	Iowa.	Erysipelas.
Ross, Joseph P.	Ohio.	Muscular Tissue; its structure and Functions.
Sanderson, Alexander,	Ohio.	Scarlatina.
Stevens, A. S.	Ohio.	Nutrition.
Thomas, M. W.	Ind.	The Influence of Oxygen in Inflammation.
Thornton, J. L.	Ohio.	The Curative Powers of Nature.
Thrift, R W.	Ohio.	Pneumonia.
Tolman, Joseph,	Ky.	Typhoid Fever.
Waring, W. P.	Ind.	Intestinal Worms.
Workman, J. McP.	Ind.	Puerperal Hemorrhage.

Total, 44.

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PART I.

ORIGINAL COMMUNICATIONS.

ART. I.—*Lectures on the Pathology, Diagnosis, and Treatment of Diseases of the Chest; delivered in the Commercial Hospital and Medical College of Ohio.* By L. M. LAWSON, M. D., etc.

LECTURE XV—Chronic Bronchitis—continued.—Treatment.

Treatment.—In the treatment of chronic bronchitis, we are required not only to bear in mind the ordinary results of the disease, but also to consider carefully those circumstances which may modify its course and tendencies. We must notice carefully the constitution of the patient, duration of the disease, character of the sputa, condition of the digestive organs, and, above all, the organic complications, when any exist, their location and probable tendency. Thus it will be perceived that we cannot adopt a fixed or routine treatment in a disease presenting so many important relations; but that the special characters of each case must be our guide to an appropriate treatment. And now, in attempting to give you an outline of the treatment proper for chronic bronchitis, let us take as an example a case of medium intensity and duration, occurring in a moderately good constitution, and not complicated with serious or extensive organic lesions.

The affection under consideration is essentially an *inflammatory* disease, and therefore, must be met with the antiphlogistic regimen. It is agreed, however, by most practitioners

that *general* blood-letting is seldom required in the strictly *chronic* form of the disease, but that local depletion will be found sufficiently active for most cases. My own belief, however, is that we should not altogether interdict general depletion. When the constitution has been robust, and the vital powers not too greatly prostrated by the long continuance of the disease, and, more especially, if the symptoms manifest some degree of acuteness, venesection will not only be *tolerated*, but it will do much to bring the morbid action within the reach of other remedies. The quantity of blood abstracted must, of course, be proportioned to the circumstances of the case—a few ounces, in many cases, being sufficient to accomplish all that is required.

But should general depletion be deemed unsafe, or after its employment, we will be required, in a large proportion of cases, to resort to local bleeding, either by cups or leeches. In those examples in which the lower portion of the lungs becomes *engorged*, or congested, cups, dry or wet, may be regarded as almost indispensable; indeed, no remedy more speedily and permanently modifies the lesion in question, than the detraction of blood. In the choice of means for drawing blood locally, we should undoubtedly give the preference to cups, not only on account of their being more manageable in regard to the amount abstracted, but they afford at the same time no small degree of *counter-irritation*. Leech-bites frequently bleed much more than is required, unless very carefully guarded by the practitioner, so that unnecessary and even seriously injurious debility may be unintentionally produced.

It must always be borne in mind, however, that chronic bronchitis is not to be *cured* by blood-letting; the most that we can expect from that mode of treatment, is merely a modification of the disease. It has, indeed, so far lost the elements of *acute* morbid action, that simple depletion will do but little to arrest the deranged secretions, and nothing at all to remove *structural* changes, when such exist. Our reliance, therefore, must be placed on those agents which, either by derivation or alterative action, produce a slow, but permanent change both of function and structure.

In a case of decided chronicity, in which the inflammation has become entirely passive, our chief reliance must be placed on two class of remedies—first, *counter-irritants*, with the view of inviting action to a less vital tissue: and secondly, a class of agents which, for the want of a better title, we may call *alteratives*, embracing *expectorants*, or

those agents which induce a gradual change in the secretory action of the mucous membrane, and also another class still more strictly alterative, such as the preparation of iodine. And if to these we add *opiates*, to allay irritation, and *tonics*, to invigorate the general system, we shall be in possession of nearly all the available means found in the great store-house of the materia medica.

The great value of counter-irritation can admit of no doubt or uncertainty; but the particular mode of inducing the derivative action is not so generally agreed upon, either in regard to the agents to be employed, or the period of their application. The choice rests between blistered, stimulating liniments, pustulation with tartar emetic or crotion oil, and setons or issues. There can be no doubt that each of the above modes of counter irritation may, under certain circumstances, possess special advantages, which must be determined by the peculiararities of the case to be treated. Thus blisters may be too irritating for some constitutions, as in young subjects, and those of a nervous temperament; liniments may not be sufficiently active for others; while tartar emetic or croton oil may not fully meet the peculiarities of a third class. Those cases in which the chronicity is less complete, and where some considerable vascular irritability still remains, will be more readily controlled by blisters; whereas the still more lingering examples may be overcome with greater certainty by pustulants; and the most chronic of all—in which the mucous membrane has undergone more or less organic change—will be more under the control of setons and issues, than either of the other modes of derivation.

But whatever method we adopt, whether blisters, liniments, pustulants or setons—the counter-irritation must be *protracted* and *persistent*. This is the great point on which I insist; for no external applications, however appropriate in character, will afford much relief if applied irregularly, or only for a brief period.

The class of *expectorants* embraces many articles differing widely in their character. Some are nauseating and debilitating, and are adapted to cases in which some degree of excitement remains: others are decidely stimulating, and can be used only in those examples which have lost all tendency to acuteness. The latter class are those which are generally most beneficial in cases of long standing; but here, again, reference must be had to the age and constitution of the patient, as well as the character of the disease. Young sub-

jects do not, generally, require or admit of stimulants; while old persons imperiously demand them. In selecting expectorants, therefore, we must bear in mind the age and constitution of the patient, and the degree of *acuteness* of the disease.

The most prominent expectorants which may be resorted to in this disease are, polygala senega, squills, gum ammoniac, balsam of Peru and Tolu to be variously combined to suit different cases. In those of long standing, it is not generally necessary to employ the *nauseating* expectorants; still some of these, such as ipecacuanha and lobelia, may often be advantageously *combined* with the squills, polygala, or even the balsams. The following formula will meet many cases:

℞	Decoct. Polygal.	ʒiij.
	Syr. Tolu.	
	Syr. Scillæ aa.	℥ss.
	Tinct. Lobelia	
	Vin. Ipecac aa.	ʒij.
M.	Dose, ʒ—ʒiij.	

Such a prescription may be modified to suit different cases; thus it may be rendered more stimulating by withdrawing the nauseants, and substituting excitants, such as the carbonate of ammonia; or the depressing effects may be increased by the addition of tartar-emetic, or by augmenting the proportions of lobelia and ipecac.

I need not detain you for the purpose of enumerating the many combinations of expectorant medicines which may be made, for these must be varied with almost every case. What has already been said, is quite sufficient to place you in possession of the *principles* by which these combinations should be regulated, so that there is no necessity for further detail.

I desire to mention, in this connection, another class of agents which deserves some consideration. I refer to *inhalations*. This mode of medicating the pulmonary mucous membrane, has met with varying degrees of success and reputation; at times it has received the approbation of many practitioners, but again has fallen measurably into disrepute. At the present time, inhalation, although recommended by many *writers*, is resorted to by but few *practitioners*, so that practically its position is quite subordinate. I am inclined to the opinion, however, that direct medication of the pulmonary mucous membrane deserves more consideration than

we are at this period inclined to bestow upon it. Indeed, a priori reasoning would incline us to believe that *direct* medicinal appliances to a diseased surface, offers greater probabilities of success, than when the same part is approached through the circuitous and uncertain avenues of the blood-vessels and nerves. And what is thus rendered probable on *general* principles, is fully illustrated, and we may say confirmed, by actual experience; for, to say nothing of the results of inhalation itself, we have abundance of evidence, of the efficacy of topical applications to diseased mucous membranes. In confirmation of this assertion, I need refer only to the valuable results following the use of nitrate of silver in diseases of the fauces, larynx, eye and ailmentary canal.

It is quite evident, I think, that inhalation of medicinal substances may be advantageously resorted to in chronic bronchitis. The testimony of the profession, it is true, is by no means uniform on this subject; some extol this mode of medicating the mucous tissues, while others affirm that it is in some cases useless and in others positively pernicious. We need not be surprised, however, at this contrariety of opinion, and we may safely ascribe it to the varying circumstances, (both in regard to the nature of the remedies and intensity of disease), of the cases from which conclusions have been drawn.

We have not yet, however, fully solved the mystery in regard to the want of a reasonable uniformity in the results; let us examine that point more closely. The failure depends, in all probability, on two principle causes, namely: the concentrated form of the inhalations, and the want of *persistence* in their application.

It is quite evident that, in most instances, inhalations have been too concentrated. The substances have generally been placed in an *inhaler*, (Mudge's, or something similar) so that the medicinal agents, in the form of vapor or gas, were not sufficiently diluted with atmospheric air. This necessarily proves unpleasant to the patient, and doubtless often aggravates the disease. On the contrary, if the vapor or gas were administered in a less concentrated form, they would prove not only less unpleasant, but also less *exciting*, and thus we would avoid the induction of *morbid* results.

In regard to *persistence* of treatment, I have to remark, that the disease being of long duration, we cannot reasonably expect to alleviate the symptoms at once; on the contrary, we must look for a tedious and protracted treatment, however appropriate the remedies may be.

Having said this much, on the general subject of inhalations, I have only to add a few brief remarks in regard to the particular agents, and their modes of application. In the first place, I would advise you to dispense with all *inhalers;* as a general rule they prove not only useless, but highly injurious, in consequence of introducing the substance in too concentrated a form. A far better method is, to *diffuse the material through the atmosphere of the patients apartment.* In this way it can be diluted to any desirable extent, and the patient will breath it without inconvenience or injury.

The principle substances which may advantageously be inhaled by patients laboring under chronic bronchitis, are, iodine, chlorine, balsam of tolu, tar, rosin and similar agents. Chlorine may readily be disengaged by adding any acid liquid to chloride of lime, and an apartment thus soon charged with a sufficient quantity. Iodine may be readily diffused through the atmosphere, by means of the etherial tincture, or by mere volatilization. This latter may be readily effected by moistening the substance, and placing it in hot water, increasing the temperature as may be desired. Balsam of tolu may be volatilized by hot water; tar, and rosin by hot iron or coals, and thus the atmosphere may be sufficiently impregnated.

You may expect me to indicate the precise value of these several agents, and the exact circumstances under which they should be employed. This I cannot do; the employment of such agents is largely empirical; and you must feel your way cautiously, by administering them in moderate quantities until you perceive the effects. It is a good practical rule not to administer any of these agents in a form sufficiently concentrated to produce much cough. The degree of cough is a good index to the irritating effects of the remedy; and the vapor should always be still more diluted if the cough is at all severe and troublesome.

I must remind you, also, of the *insufflation* of powders, with the view of *directly* impressing the mucous membrane It is not necessary that I should at this time enlarge on insufflation as a means of treating chronic bronchitis. What has already been stated, when speaking of *chronic laryngitis,* is equally applicable to the disease now under consideration. Insufflation may, doubtless, at times prove serviceable, and should not be over-looked by the practitioner. Of all the agents used for this purpose, I prefer the nitrate of silver.

It becomes an important question, how far opiates and

narcoctics can be advantageously employed in this affection. It has been argued by some, that opium *checks* secretion, and therefore proves injurious in bronchitis. This objection is based on the opinion, that a copious secretion of mucus is a *salutary* process, and should be rather encouraged than diminished. It does not seem, however, that this is good logic, for, the truth is, the secretion is a morbid action, and the object of all medication is not only to *reduce*, but to actually suspend that condition; moreover, the very copiousness of the secretion is often a measure of the extent and violence of the disease. In some cases the sputa become muco-purulent and even true pus may be eliminated. We perceive, therefore, that it is *not* the object of the physician to *increase* the secretion, but to remove the morbid condition on which it depends, and thereby to arrest the unnatural flux, which is merely the evidence of disease. And it is in this manner that even *expectorants* prove beneficial; they *change* the morbid action, and diminish and finally suspend secretion.

It is obvious that opiates may be used beneficially, if employed in cases suitable to their action, or in appropriate forms and combinations. Cases in which there is considerable irritation, manifested by copious muco-purulent sputa, and distressing cough will generally be rendered not only more comfortable by the administration of narcotics, but in many instances may be permanently benefitted. The choice of a narcotic will depend on the condition and peculiarities of the patient, stage of the disease, and other inappreciable circumstances. In some instances the opium proves the most serviceable; in others the salts of morphia are preferable; and many patients will be more relieved by conium, stramonium, belladonna, etc. It is important to observe, that these agents are usually most successful when combined with suitable adjuvants; thus the opium may be given in conjunction with antispasmodics (such as assafœtida), ipecac, or expectorants; and so of any other narcotic employed. Some practitioners extol very highly a combination of ipecac and conium. Opium is objectionable, when there is fever, or constipation; under such circumstances, the hyoscyamus, alone or combined with ipecac, will be found preferable. It requires, however, great care to use narcotics with advantage to the patient.

Another class of agents deserving the careful attention of the practitioner is the preparations of *iodine*. In those cases in which the long continued morbid action has resulted in more or less *thickening* of the mucous or cellular tissues, or

even when there is merely deranged secretions, iodine, in minute doses, may be used with advantage. The preparations most deserving of confidence are Lugol's solution, hydriodate of potassa, syrup of iodide of iron, and syrup of the iodide of manganese. These preparations of iodine produce somewhat different effects on the system, and are indicated in different forms of the disease. Thus, Lugol's solution is contra-indicated when there is fever or much emaciation. The iodide of iron is more particularly valuable in cases of great debility, in which a decided *tonic* course is demanded. Hydriodate of potassa is serviceable when the disease partakes somewhat of the rheumatic diathesis, and involves the fibrous structure of the air-tubes. The syrup of iodide of manganese seems, from some recent trials, particularly applicable to the disease when it attacks persons of the scrofulous diathesis.

These are the leading indications in regard to the preparations of iodine; it must be remarked, however, that they are not absolutely restricted to the conditions named, but any single preparation *may* be used in most of the varieties of the disease. There is, however, this qualification—as a general rule, none of the compounds of iodine can be used with propriety where there is much fever, nor when the disease is complicated with gastric irritation. With these qualifications, iodine may often be employed with great advantage in chronic bronchitis.

When the system becomes greatly debilitated, we must resort to the more decided *tonics*. Among these the prepations of iron and bark hold the highest place and will usually meet the indications with the most certainty. The following formulæ will be found well adopted to those cases which require iron or quinine:

℞.—Ferri et Quin. cit. ʒj.
Syr. simp. ℥ij.

M.—Dose a tea-spoonful three times a day; or, when the iron alone is desirable, the following may be substituted:

℞.—Ferri. cit. ʒj.
Syr. simp. ℥ij.

M.—Dose, a teaspoonful three times a day.

In addition to the preparations of iron, various other mineral tonics may be resorted to, such as the sulphates of zinc, and copper, nitrate of silver, and arsenic; and in some examples several of these preparations afford unequivocal evidences of good effects. Some constitutions, however, are

more favorably impressed by the *vegetable* tonics, such as gentian, columbo, quassia, cascarilla, etc., alone or combined with the mineral acids. It is not unusual to derive very obvious advantages from the employment of the mineral acids, especially when combined with tonics. Taraxicum, Sarsaparilla, colchicum, hydrocyanic acid may all be employed, under particular circumstances, which can readily be determined by the competent practitioner.

Before dismissing the treatment of chronic bronchitis, I wish to invite your attention to the employment of emetics and cathartics in that affection. An occasional emetic, where no circumstance exists to contra-indict such a remedy, may become useful, and some practitioners frequently give them. Emesis is useful to equalize the circulation, and promote the secretions, but especially to unload the engorged bronchial capillaries. In this manner they often produce very favorable impressions on the system. And when the bronchial tubes become oppressed with a free mucous secretion, whereby the respiratory function is seriously impeded, emetics become valuable aids in dislodging, by mechanical impulse, the accumulation of fluids. The choice of a medicine to produce emesis will depend on the condition of the system, and the objects which we expect to accomplish. If given with the view of removing bronchial capillary engorgement, the general strength at the same time not being too much depressed, ipecacuanha will be the best article; it will usually be sufficiently prompt in its action, will not irritate the stomach, nor induce permanent debility; but, above all, it possesses in addition to the emetic action valuable expectorant properties, which render it doubly useful in such cases. If, however, the patient be greatly debilitated, having no strength to lose by the depressing effects of somewhat protracted nausea, and the object being merely to remove excessive secretions, the preference should be given to the sulphates of zinc or copper. These agents operate promptly and efficiently as emetics, induce no protracted nausea, and leave no permanent depression; besides which, they have valuable tonic properties, thereby rendering them peculiarly adapted to states of debility.

Purgatives can be made to subserve an important purpose in some cases of chronic bronchitis. The bowels should always receive proper attention; they may be too loose, and require astringents; or constipation may be present and add seriously to the morbid condition of the bronchi. But independent of the removal of constipation, I conceive that pur-

gatives may be beneficially employed. It is well known that deranged respiration leads to a retention of carbon in the blood, and if some compensating organ does not, either spontaneously, or by artificial stimulation, take on a proportionally increased action, a secondary morbid condition must ensue. Under these circumstances, a mercurial cathartic, which causes an increased flow of bile, will certainly produce a most favorable impression on the system in general and through it on the lungs. And, independent of this view, gentle purgation (provided irritation or diarrhœa do not exist) will do much to withdraw action from the lungs by increasing the excitement of the intestinal mucous surface. Of course this must be restrained within very moderate limits.

The *regimen* of the patient should receive our most careful consideration. The diet must consist of bland and unirritating food, sufficiently nutritious, but always simple and digestible. Every article of food which is calculated to oppress or irritate the digestive organs should be carefully avoided. It is important, also, to protect the system by a sufficiency of clothing, adapted to the season and condition of the patient; and, above all, to avoid exposure to damp or cold air, or sudden transitions of temperature. A sudden exposure to a very hot or cold air produces cough and increases irritation. It is not generally remembered, that many persons will cough on entering a *warm* room. In cold and variable latitudes (such as our own) chronic bronchitis is very liable to winter accessions, so that what is gained during the summer by medication and a mild atmosphere, is lost during the cold and variable winter season. Persons thus influenced do not entirely recover, and in order to produce permanent relief, it becomes necessary to seek a more genial atmosphere. A warm climate, or a well regulated atmosphere in the patients apartments, becomes indispensable; the former, however, is far preferable, because confinement to a room is apt to impair the general health, and thus lessen the chances, and protract the period of recovery. In obstinate cases, therefore, the physician should always insist on a change of climate, where the circumstances of the patient will admit of it.

It is important to be borne in mind, that chronic bronchitis often depends on, or becomes complicated with, gastric derangement; and in all such examples, whether the gastric irritation be primary or secondary, no treatment addressed to the lungs will prove successful, until the morbid state of the stomach be removed. Indeed, the class of remedies usually

employed in such cases, strongly tend to increase the gastric affection. Many examples prove intractible from a want of discrimination in this respect.

ART. II.—*Ovarian Dropsy: Enlargement of the Uterus with malignant disease: Abscess in the Posterior wall, rupturing, and causing death.* By JOHN A. MURPHY, M. D., of Cincinnati.

The history of this case is of much interest, and on this account, I should be pleased to give it in full; but it would occupy too much of your journal. It extends over four years, dating from March, 1847, at which time I was summoned to the charge of it. No satisfactory diagnosis could be made out, either by myself, or several of my friends, who made careful examinations of it.

Of the existence of the ovarian tumor I was convinced at the first examination, but beyond this, I was not able to go, in analyzing the case.

For the better understanding, and the more to abbreviate, and avoid repetition of records, I have thought it best to give you the main points.

In March, 1847, I was called to see Mrs. W——, aged nineteen; she stated that she had been married for eighteen months. An English woman by birth, she had always enjoyed good health, with the exception of menstruating too freely.

Her menses had, previous to her marriage, always continued for seven days. She began to menstruate at fourteen years of age. The discharge of blood had generally amounted to a menorhagia, for which she had been treated in England. In other respects, her health was good. Each menstrual period was accompanied with a large discharge of blood after her marriage, without, however, injuring her health.

When advanced seven months in utero-gestation, she arrived in New Orleans; soon afterwards she was seized with premature labor, and miscarried. From this miscarriage, she dates the origin of all her bad health.

At my first visit, I found her at the third day of one of her menstrual periods, suffering great pain with a large discharge of fluid, and clotted blood. Some of the clots were

almost the size of an ordinary apple. The uterus was enlarged to the size of one containing a four months fœtus. External pressure over the uterus or the illiac regions, caused great pain. The uterus inclined to the left side, and seemed to have an abnormal attachment to this side. She was much excited, and extremely irritable, from the pain she had suffered for the three days previous to my visit. Her health in other respects was good.

Such had been the history of five or six previous menstruations to the one just described. Her health in the interval of her menstrual period was good. Latterly, as I shall directly state, the opposite of this was the case. There was nothing abnormal detected about the neck of the uterus. At the time, I ordered opiates and astringents, which relieved her.

The existence of the ovarian tumor was detected at my first visit. I supposed that I had a case of dysmenorhœa with menorhagia, to treat. Failing, however, to make any impression on the disease, with this pathology I began to dilate the os uteri with a bougie, supposing that the pain was produced by contraction of its neck. Dilatation I found however, not indicated, and hence of no use.

The history I have just related of one catamenial period, continued to be that with little variation of almost all that followed, until 1849, when she was seized with cholera. The attack of cholera was a severe one, and for five or six months after her recovery, she passed through her menstual periods with comparative ease and comfort to herself, being almost free from pain and the too copious discharge of her menses. I believed at that time that the remedies which I had been giving her, were working a cure. I was soon undeceived in this opinion, for about the beginning of the year 1850, the severe pain and the menorhagia returned with increased force and severity. So severe was the return of the pain, and so copious the menstrual flow at each period, for the last two years, that she was thrown into hysterical spasms, which continued at some periods for three or four days, while she became anæmic from loss of blood. The sensitiveness and pain in the uterine region to pressure, increased both during the period and the interval. Pain also was evinced when the os uteri and neck was touched with the finger; the uterus also has been gradually enlarging. The amount of blood lost at each period was large. I do not know how much to estimate it, but I have seen one dozen

napkins saturated, which she had used in one day. The uterus at the time of her death, extended above the umbilicus, and to an observer, she presented the appearance of being eight months advanced in utero-gestation. During the last year she has been much troubled, and annoyed with discharges of a pink color, during the intervals of the menstrual act. It ceased just before her menses came on.

The menstrual periods ceased to recur regularly every four weeks, being prolonged for two or three months; at the time, she was not free from some sanguinous discharges. The pain and copious discharge of blood, has for the last year recurred twice in each month.

She has been greatly troubled with a constant desire to urinate, for the last year large amounts of limpid urine being voided. This desire to urinate was so urgent at night, that unless she was very expeditious in obtaining the vessel, she would urinate in the bed.

During the early part of the summer, she concluded to place herself under the care of a medical friend who treated her until September 22, 1850, when I was recalled.

He had pursued (without knowing it) much the same treatment which I had. She had not improved. She stated that she had lost all knowledge of the time when her menses should come on. She complained much of a bearing down, as if something was in her womb which should come away; she was going about the house, attending to her domestic affairs, but said she was conscious that one of her "poorly times" was about to come on her. As it was late in the evening when I made my visit, and desiring to make an examination, per vaginam, I left, promising to return in the morning with a friend, whose advices should assist in making up a course of treatment for her.

On the next day, September 23, 1850, in company with my friend, Dr. P. J. Buckner, I made an examination, and discovered what we believed to be a polypus, protruding through the os uteri. The ovarian tumor had increased, and was immediately detected by Dr. Buckner. The uterus had enlarged some, and was tender to the touch. One of her "poorly times" or menstrual periods was on her. She was discharging fluid and clotted blood, freely, as well as suffering great pain. I ordered opiates and astringents for her, to mitigate the severity of her sufferings until her period should be finished.

On Friday, September 26, the tumor had descended so far

as to rest upon her perineum, filling up the entire vagina. Its neck could be traced into the uterus but I could not satisfy myself as to its point of attachment. On the following day, I proposed an operation for the removal of the tumor, when I was reqested to have Prof. Mussey in consultation.

At five P. M., Saturday, September 27, we proceeded to ligate the tumor with the double canula. The ligature was with much difficulty thrown round the tumor. On attempting to tighten the ligature at my visit of the next day, the double canula slipped off. The tumor was in no wise tender to the touch, and as I found I could penetrate it with my finger, I proceeded so to do, detaching or tearing some three or four ounces of it. There was no hemorrhage provoked by this rupture of it, nor did she complain of pain during the time. It was a tumor of a low grade of organic life. Her pulse at this visit was frequent and irritable; surface above standard heat, bowels open, complaining of nothing but a feeling of soreness in the pelvic region.

A sanious fœtid discharge came on the next day after the breaking up of the tumor, and continued until two or three days of her death. The remainder of the tumor sloughed away. The uterus contracted and became smaller, as the tumor disappeared. Great pain in the rectum was felt whenever her bowels were moved, for several days before her death. The desire to urinate was also urgent.

At the request of her friends, Dr. Wm. Judkins was called in consultation. At the advice of Dr. J., iodide potassium, five grains was given to her three times a day, and the parts around the uterine region ordered to be penciled once a day with tincture of iodine.

Dr. J. thought that a part of the tumor still remained in the uterus, and proposed that we should remove it, as soon as the heat, swelling and pain of the vulva and vagina induced by the first operation should subside. Dr. J. visited her with me the two following days, and was called into the country, and did not see her until three days before her death.

On making an examination on October 9th, I discovered a protrusion of the superior parts of the posterior wall of the vagina forwards, just at the point where it joins the neck of the uterus. It gave to my finger the feeling of a hard tumor. At this time what I supposed to be the neck of the polypous could be felt within the uterus. The tumor protruding through the superior parts of the posterior wall of the vagina forwards, continued to increase till she died, October 16th. Indeed it

was the immediate cause of her death—proving as the reader will see directly to be a large abscess.

On the morning of the 15th, previous to her death, indistinct fluctuations could be felt, when we agreed to open it on the following Friday (the 17th), provided it should continue to increase.

The iodide of potassa had disagreed with her bowels, and it had been discontinued. She took but little medicine—opiates, astringents, and stimulants being the remedies indicated. These were not given with any degree of constancy, owing to the great irritability of her stomach, which came on two weeks before her death. This irritability of the stomach was partly induced by the opiates, and in part was sympathetic with the uterus.

On the morning of October 16th, she was awakened with a sudden attack of sharp, lancinating pain in the pelvic region. The pain was most intense. I was sent for, but did not get to her aid until 8 A. M. when I found her dying. I could not attribute the condition she was in, to any other cause than a rupture of some large vessel or viscus. She had passed a rather comfortable night, having slept for four or five hours. The attack of the pain was very sudden and lasted for some two hours. She died at 8½ A. M.

Post mortem—seven hours afterwards. Drs. William and David Judkins, Buckner, and Bassett being present.

The general surface was pale and anæmic. No great emaciation. Uterus extended up to the umbilicus—contracted. On cutting open the abdominal cavity, about three pints of yellow serous fluid, largely mixed with pus, was sponged out. Very slight appearance of inflammatory action on the fundus of the uterus; uterus much enlarged and lying over to the left side. In the basin of the pelvis, a large amount of pus was found. The left ovary was occupied with a tumor containing a quart of fluid more or less.

On removing the uterus, tumor, and the larger part of the vagina, the cavity of an abscess was found in the posterior wall, and neck of the uterus, extending to the posterior lip. The cavity, we supposed capable of containing from four to six ounces of fluid, and presented the appearance of having been chronic.

In the wall of the fundus was found an encephaloid tumor, which had penetrated its cavity, and threw off the tumor which descended into the vagina, which we ligated, supposing it to be a polypus, one and a half inches in length of this tu-

mor, still remained attached to that in the wall of the fundus. No other of the viscera were examined. I have thus briefly given the history and main points of interest, and post mortem examination of a case, which was one of much study and difficulty. The treatment did but little for her. Although it was various and opposite, nothing more than some palliation was achieved.

In brief I will state it; for some months I gave her a pill, of pill mass hydg. and extract hyosyam. Again I gave her iodide of potassa in large doses, and persisted in it. Again supposing that the enlargements of the uterus had been produced by the dysmenorrhœa, I bandaged her tightly for several weeks. I gave her for a long period Dewee's guiac mixture. At another time, I supposed there was a large mass of hydatids in the uterus, and accordingly gave her secale cornutum, freely during a catamenial period.

At another time, I supposed the enlargements of the uterus was owing to its containing a large polypus. My friend Prof. Rives in consultation, suggested the possibility of a fibrous tumor, having its seat in the walls of the uterus.

At one time I had almost concluded to dilate the os uteri, that I might the better be able to explore its cavity; but was deterred by the irritability of the uterus itself. The disease of the uterus was one of encephaloid or medullary cancer. It was certainly not one of benign origin. The authorities are not clear in their definitions of the characteristics of such tumors; at any rate it was malignant. The abscess did not seem to have any connection with the tumor in the wall of the fundus, though of its malignant character there is not the least doubt to be had.

It is difficult to determine how long the ovarian tumor, the encephaloid tumor, and the abscess, had existed. In looking over the history of the case, I am inclined to the belief that the tumor in the wall of the fundus had its existence there prior to her marriage, and to its growth is to be attributed her miscarriage. The ovarian tumor is in all probability the result of the congested condition induced by this malignant tumor. Encephaloid tumors of this character are not uncommon in the virgin uterus, at least authorities give us this fact. Hence my reasons for believing it to have began growing prior to her marriage.

My reflections concerning the abscess are in no wise satisfactory to myself. Its sudden rupture was the immediate cause of her death. My friend Dr. W. Judkins, since he

was present at the post-mortem, is of the opinion that the result of the case would have been different if the abscess could have been opened. I think not, for the reason that I believed it to be a malignant abscess, which when once opened proceed with rapid pace to waste the patient to death. It illustrates very well that the uterus is an organ not necessary to life, and not of a highly organized structure. It would be difficult to suppose a woman to live so long with so much malignant disease situated in any other viscus.

This case only illustrates the many difficulties that lie in the way of a clear diagnosis of disease of the uterus. It admonishes us against employing severe, unusual, and unsafe remedies and operations in all diseases of the uterus where there is great doubt in regard to the diagnosis. They are unjust in the highest degree to the patient, as very generally life is shortened, and only at the most eventuate in making a reputation for a medical man dangerous to himself and hazardous to his patients.

ART. III.—*Schirrus of the Bladder.* By JOHN A. MURPHY, M. D., of Cincinnati.

Lucretia G——— was admitted into the hospital for colored people on the twenty-fourth August, 1851. She stated that in June last she was seized with great difficulty in urinating, and that at every urination she passed a large quantity of blood. Has suffered great pain in the uterine region, and in the pelvic bones. Since June she has been treated in Louisville. On her admission, the bladder was much enlarged, painful to the touch, and accompanied with great pain throughout the entire pelvic cavity. Complains much of shooting pains through the bladder and symphisis pubis. She is prevented from sleeping by the severity of the pain. On an examination, per vaginam, the superior wall of the vagina to the size of a silver dollar was destroyed. The part of the bladder corresponding was also destroyed, being much thickened, and giving out a discharge of pus mixed with blood, of great fœtor.

No knowledge could be obtained through the speculum, as it was filled with blood and pus, as soon as it was introduced. General health was bad. Her bowels were very loose, emaciation great, appetite poor, with an inability to sleep for the

pain. She was unable to give a clear and distinct history of herself, and hence I am unable to say anything in regard to the beginning of the cancer. Her husband stated to me after her death, that she had been complaining of her bladder for five years. She was ordered opiates, astringents, and tonics, with fomentations over the bladder. A weak solution of chloride soda was injected several times daily into the vagina, to wash out the parts and in some measure correct the fœtor. She gradually failed, and died October 17th.

Sectio Cadaveris.—The bladder was much enlarged, measuring six inches in length, and four in width. Its walls thickened and adhered to the pelvis anteriorly and laterly, and to the uterus posteriorly. The walls were much thickened, amounting in the neck to two inches. The vesico-vaginal septum was destroyed, leaving an inch in diameter through which the urine was discharged into the vagina. The uterus seemed to be healthy.

ART. IV.—*Neuralgia.* By LANDON RIVES, M. D. of Cincinnati.

Many authors, and among them, Watson and Wood, seem to consider neuralgia always secondary and symptomatic, without, according to it under any circumstances, an individuality in its pathology, etiology or its effects upon the system. I have for some time thought these views erroneous, and am more thoroughly convinced of their error upon observing each new case of neuralgia which comes under my treatment. I propose, therefore, to consider neuralgia as a disease, and not as a symptom of disease of some proximate or remote organ, and refer its metastasis to the favorite, but vague, theory of sympathy. I will also state here, that I only propose to give such description of this disease, as will enable me to point out wherein I differ from most authors in its pathology and treatment, thus avoiding much matter already familiar to the the profession. That neuralgia, does not only occasionally, but frequently occur as a secondary affection, and even as a symptom of diseases, as well as a sequellœ of others, I do not at all deny; but that it never occurs, except as a consequence or symptom of other disease, I think I am prepared to disprove, both by my own observations, and by correct medical reasoning. I am ready to admit, that our knowledge of the morbid anatomy of the nervous system is lamentably de-

ficient, and autopsies in this disease have very seldom been had, partly because it rarely of itself proves fatal, and again, because of the general disregard of the nervous tissue below the brain, in almost all examinations after death. Since the study of microscopic anatomy has began to make developements in the pathology of other tissues, it is to be hoped that the nerves, in a diseased condition, will receive the consideration which their importance deserves. Minute anatomy has already given us some starting points, as for instance, the difference in structure between nerves of sensation and those of motion. It will be sufficient for my purposes to state that the nerves of sensation are whitish, cineritous, and consist of tubular fibres connected together in bundles, by fibrous or cellular membrane. These and the sympathetic nerves, (which, in the ganglions, receive filaments from the sensory nerves), are alone affected by neuralgia. The most frequent seat of uncomplicated neuralgia is in the branches of the fifth pair; the disease either being circumscribed or extending at intervals to different parts of the nerve. No physician who has even treated facial neuralgia, can doubt that it exists without reference to any other disease. The paroxysms are distinct and periodical; during the intervals, the patient is free from any suffering. The general health is otherwise perfectly good, and only becomes secondarily affected by great intensity or duration of this disease. It is true, that neuralgia does exist uncomplicated, in other situations; as in the chest, extremities, urinary bladder, and perhaps in the intestines, though I have some doubt of its occurrence in the last named situation; but with the exception of the heart, I think it rarely occurs as an uncomplicated disease in these situations.

In speaking of the character of the pain in neuralgia, Wood says, "as the pain in this disease is of every possible degree and variety of character, is generally severe, acute and more or less darting or lancinating." He also says, that "a gouty or rheumatic diathesis, strongly predisposes to neuralgic pains, and I have before expressed my conviction, that much of the neuralgia now so prevalent, is merely gout and rheumatism in the nervous form." If Wood had said that the pain in neuralgia is *always* severe, acute, and more or less darting or lancinating, he would have been more correct in regard to true neuralgia. He has also fallen into the common error, that neuralgia is more apt to exist in persons of gouty or rheumatic diathesis, and that it is only a symptom of these affections. We all know, that gout and rheumatism attacks

for the most part the fibrous or condensed cellular and the ligamentous tissues. The character of the pain is very different in these affections, from the pain arising from a wounded or a diseased nerve. The pain arising from a wounded sensory nerve, we know to be acute, severe, lancinating or darting—the same that we have in neuralgia. If only the neurilemma is wounded, care being taken to avoid the filaments of the nerve itself, the pain is always of a throbbing, gnawing persistent character, the same as in rheumatism and gout, in the nervous form, as Wood is pleased to term it, and in all cases of inflammation or irritation of the periosteum and fibrous or condensed cellular membranes. In these cases, if we consider the character of the pain in connection with the history of the case, it will be much more correct to assign the disease to the neurilemma, than to the substance of the nerve. Certainly if the affection of this covering be intense, or continue for any length of time, the substance of the nerve will become affected, and symptoms of neuralgia may come on in a modified degree, which, unless closely observed, will lead us into an erroneous diagnosis and faulty treatment. It is too often the case, that any nervous pain is called neuralgia, and treated accordingly. The difference in the character of the pain, which I have just pointed out, together with its periodicity in neuralgia, are the main guides in our diagnosis between this disease and primary or even secondary affections of the neurilemma. Again, affections of the fibrous tissues occur for the most part in persons of gouty or rheumatic diathesis, whereas neuralgia scarcely ever occurs in persons of such predispositions. We may and often do see rheumatism of the covering of the motor nerves, but it is only in the substance of the sensory nerves, that we have neuralgia. In the sympathetic system, this disease occurs in the sensory fibres. Neuralgia may also attack the posterior roots of the spinal nerves. It has been recently discovered by M. Robin, that glanglionary globules exist on these posterior roots, and are not found on the anterior or motor roots. These ganglions are supposed to modify in some way the function of these sensitive nerves, but what precise effect is produced by them is not known. We only know the differences in function and structure between the nerves of motion, and those of sensation, and by following up this distinction, we may arrive at some more definite knowledge of the pathology of the nervous system.

It is partly for the purpose of calling the attention of the

profession to these isolated facts, in regard to the structure of the nervous tissue recently developed by microscopic observers, and partly with a view of pointing out the difference between true neuralgia, and those affections of the neurilemma so often mistaken for this disease, that I am writing this essay. Our views of general pathology will be much benefitted by a more careful study of the physiology and pathology of the nervous system, than is generally bestowed on this branch of medical science.

But to return to the subject proper. I wish to impress the fact upon the profession, that when they find a throbbing, gnawing, persistent pain along the course of a motory nerve, that it results from rheumatism or some other affection of the neurilemma; that in such cases, neuralgia is a misnomer, and if treated as such, the results will be much at variance with the expectations of the physician.

What I have said of this disease, relates more especially to that form which attacks the branches of the fifth pair of nerves, where we find it more frequently than in other situations, as an uncomplicated malady.

The causes of neuralgia, are generally stated to be cold, affections of the spinal column, fatigue, strong mental emotions, excessive use of spiritous drinks, tea, coffee, or tobacco, and as a consequence of a variety of diseases of different organs of the body. Doubtless all these causes do produce the disease, but I think its etiology may be traced much more frequently to some morbific poison, acting either directly upon the nervous system, or through the skin by absorption, or through the lungs by inhalation. It will be proper to state here that a debilitated and nervous, as well as a strong, healthful, athletic constitution, are the conditions most favorable to this affection, from this class of causes; the one being exposed but slightly to the proximate cause, receives just enough of the malarious influence, to induce this disease of the nerves, and not in sufficient quantity to develope ordinary intermittent or remittent fever—the other receives a strong impression of this noxious influence in his system, but by virtue of his constitution, resists the effect which is usual, and is only affected in a modified degree. Thus they both escape intermittent or remittent fevers, and are attacked by neuralgia—a paroxysmal and periodic disease resembling in its general characteristics, those maladies produced by miasms.

Most writers agree in adopting the anti-periodic and anodyne treatment in this disease—but some writers and practi-

tioners, from faulty diagnosis, as I pointed out above, have confounded this disease with affections of the neurilemma, and have recommended various articles in the materia medica, which they have used empirically. Thus, iodide of potassium and colchicum have been extolled as curative agents, and it is scarcely necessary for me to point out the way in which these remedies do effect a cure, when the disease is of the fibrous tissue, and not of the nerve itself. I find no fault with this treatment, when it is confined to rheumatic and some other affections of the neurilemma or fibrous tissues; but I am positive in my opinion, that such treatment will not cure or even palliate true neuralgia, as I have described it. Knowing that these remedies have a direct and peculiar influence upon the fibrous tissues, and have little or no effect upon the nerves, I argue, *a posteriori*, that the view I take of the distinction between neuralgia and *neurelemmitis* is correct.

Most practitioners use opiates to produce an anodyne effect, and in this, I think the fault usually lies in the treatment of this affection. When opiates are used with persons of good constitution, they may effect their anodyne influence, but if administered to persons of debilitated constitution and nervous temperament, laboring under neuralgia, the excitant effect will more than counterbalance all the good which can be expected from the subsequent sedative operation of the medicine. The functional derangement in this disease is an exalted sensation—hence it is wrong to administer a medicine which excites, even in its primary action—for, although the secondary action may be the one desired, the primary excitation will irritate the diseased tissue, and render the subsequent paroxysms much more violent. A more appropriate, and in my hands a much more efficient remedy to meet this indication, is small and frequently repeated doses of extract of hyosciamus. This medicine, unfortunately, is not always kept of a good quality in the shops; hence, care should be taken to procure a good article. With a view to prevent the recurrence of the paroxysms, there can be nothing used more efficacious than quinine. It has been my good fortune to cure a number of cases of neuralgia, with sulphate of quinine and extract of hyosciamus, given in doses of one and a half grains each, at periods of from two to four hours during the intervals of the paroxysms. It is often necessary, and I may say, generally well to premise this course, by some gentle cathartic. I have sometimes relieved the pain, and cut short the paroxysms by a pill of two grains of extract of hyosciamus alone.

If the distinction is properly drawn between neuralgia and those affections only involving the neurilemma, and a sedative anodyne, instead of an excitant anodyne used in connection with quinine, this disease will cease to be an opprobrium to medical science, and its treatment will become much more satisfactory to the practitioner as well as to the patient.

ART. V.—*Dysentery, complicated with Gastritis.* By C. W. PRATHER M. D., of Venice, Butler Co. Ohio.

Dysentery having prevailed in this region as an epidemic, less or more, during the summer-months of the years 1849, '50, and '51, I am induced to prepare a brief account of it for the Lancet.

The first two seasons, it presented itself in such a character, that I was induced to believe that its treatment was based upon false pathological views, from finding that a few small doses of epsom salts and opium, would control the disease. But I had not then seen it in its complicated and malignant form, which was left for me to witness, during the summer months of 1851, and which was then of a most aggravated character.

In a few of the cases during this year, the nervous system yielded to the violence of the first shock, was unable to react under the continued violence of the disease, and death terminated the scene in a few days.

The impressions made upon the nervous system, are more vivid in infants than adults, which may at first only produce functional disorders, and if not relieved soon, will terminate in exhausted excitability, or fatal organic disease.

Not having an opportunity of making a post-mortem examination, I was forced to conclude, that the disease in the beginning, was congestion of the colon and rectum, which undoubtedly in a few days terminated in inflammation; but it appeared impossible to tell, at what precise time this took place. In some three or four of the fatal cases, I think inflammation never took place, but the patients died purely from the nervous shock, as early as thirty-six hours from the commencement of the attack.

The different ages, sex, parentage of, mortality &c. may be seen by the annexed table.

	Number of cases.		Number of deaths.	
	Males.	Females.	Males.	Females.
Under 2 years of age	8	11	3	4
Between 2 and 10,	19	15	1	5
" 10 " 20,	11	9		
" 20 " 30,	14	13	1	
" 30 " 40,	3	5		1
" 40 " 50,	3	5		1
Above 50,		1		
	58	59–117	5	11–16

These statistics are taken from my case book, and comprehend the aggravated cases only; there being at least half that number of mild ones not considered in the above.

The different cases required various modifications of treatment, but in all, opium was the sheet anchor. Calomel, in a few cases proved beneficial, but in the great mass of them, it was more or less an irritant, especially if gastritis was a complication. In a number of cases it was carried to ptyalism, without having any controlling effect upon the disease, which continued on for a number of days after.

Turpentine, in a few cases acted admirably, but in the most of them, it either produced vomiting, or dried up the tongue, and aggravated all of the symptoms.

Kreosote certainly produced less benefit in those cases than any other medicine, except in chronic cases, the result of a few of the acute, and also in some after the dysentery had subsided, leaving a slight gastritis which would prevent the patient from convalescing speedily; in such cases it seemed to act with a most happy effect.

Nitrate of Silver undoubtedly is perfectly useless. I could see no good effect from it whatever, having used it in different forms, and in every stage of the disease; the effect ascribed to it must undoubtedly be owing to the opium combined with it. Epsom salts in small doses (from 12 grains to a drachm, according to circumstances), is certainly one of the best adjuvants, but it will not answer if gastritis be present, which is not uncommon in the very beginning, and very frequently makes its appearance during the different stages of the disease.

Astringents are generally of no use in the disease, but if the bowels remain relaxed, with some pain, and occasionally blood and mucus, the sub-nitrate of bismuth will control it frequently.

Opium in all stages of the disease is indispensable; a very good prescription is a combination of Calc. Magnesia 3 grs., Ascetate Morphia ⅛ gr., Ipecac ¼ gr.; as the opiate allays the disease, the magnesia by accumulation becomes a very gentle apperient.

Fomentation and counter irritants, are very useful adjuvants in the treatment. In one case of 6 years of age, morphine and fomentations was all that was used; the disease yielded in 8 days, and convalesced speedily. When the disease ran a sufficient length of time for the bowels to become ulcerated, the disease always proved fatal; and in those cases a typhoid type of fever would attend, and the ordinary remedies used for it had no effect. It was not of a malarious character, as far as I could judge, or if it was, quinine had no controlling effect.

PART II.

REVIEWS AND NOTICES.

ART. VI.—*The Medical Students Vade Mecum. A compendium of Anatomy, Physiology, Chemistry, Materia Medica and Pharmacy, Surgery, Obstetrics Practice of Medicine, Diseases of the Skin, Poisons, &c.* By George Mendenhall, M. D., Lecturer on Obstetrics in the Medical Institute of Cincinnati; Member of the American Medical Association etc. Third edition. Revised and greatly enlarged. With two hundred and twenty-four engravings. Philadelphia: Lindsey & Blakiston. 1852. pp. 690.

We are gratified to perceive that the above *Vade Mecum* has been so far appreciated by the profession as to reach, within a few years, a *third* edition. In our notices of the two preceding editions, a favorable opinion was expressed in regard to the general arrangement of the work, and the manner in which the different subjects were discussed; and we are gratified to say, that the present edition is still more entitled to favorable consideration, from the fact that it has been carefully revised, enlarged, and illustrated with numerous well-executed wood-cuts.

The opinions of the profession in regard to the utility of works of the above class, are somewhat divided; it has been contended, indeed, that the tendency of such books is to induce a habit of indolence on the part of students, and a reliance on a mere *outline* as the actual foundation of their knowledge. We are not disposed to deny that there may be a few students who would be thus influencd; but such examples are certainly very rare, and by no means sufficiently numerous to

establish a general rule, or to give force to a sweeping objection. We believe, therefore, that a *Vade Mecum*, when used according to the original design, may be made highly advantageous to students, and even to young practitioners. A condensed view of the different departments of medicine will enable a student to *review* his studies with great facility and comparative ease; and the young practitioner can in cases of emergency, speedily refer to the practical departments, when he may not have time or opportunity to consult the more voluminous works. We are constrained to admit, therefore, that a well digested compendium of the different departments of medical science, supplies what would otherwise be a deficiency in the student's means of study.

The utility of works of this class being admitted, it becomes a question as to the character of those which will be of most advantage to the pupil; and in attempting to decide this question, we must look mainly to the extent of the work, general arrangement, and clearness of definitions.

In a book designed as a mere *review* of the different departments, great prolixity would be highly objectionable, for the pupil would save but little time in reading what is almost a *treatise* instead of a *vade mecum*. On the other hand, brevity may be so much studied as to render the work meager and unsatisfactory, even failing to *suggest* the principal ideas connected with a subject. A proper *medium* between these extremes, is precisely what the student requires in a vade mecum.

In regard to the work before us, we are gratified to say, that our colleague has, in our judgment, been fortunate in avoiding either extreme, and has, therefore, hit upon the happy medium so important in such a work. We are free to say, also, that the general arrangement is the very best which could have been adopted, while the definitions are clear, brief, and comprehensive. We have, indeed, seen no work of this character which combines more commendable qualities, than the one under consideration. It is fully brought up to the

present state of the profession, is clearly and well written, and contains numerous, appropriate, and handsomely executed illustrations. We cannot, therefore, hesitate to commend it to the favorable regards of students and young practitioners, to whom it is especially addressed.

We append the following extract from the department of Theory and Practice, which will convey to the reader some idea of the character and scope of the work.

What other name is sometimes given to typhoid fever? *Dothinenteritis*

What are the *symptoms*? In the *first stage*, there is prostration more than proportionate to the local systoms, dulness of intellect, cephalalgia, wandering pains in the back and limbs, dizziness, sometimes epistaxis, diarrhœa in about half the cases, anorexia, chilliness, and irregular fever.

In the *second stage*, there is an increase of the cerebral symptoms, dulness of hearing, tinnitis, often delirium; increase of fever, dryness of the skin, diarrhœa; pains in the abdomen with tenderness, especially at epigastrium and right and left iliac regions; tympanitis, enlargement of the spleen, anorexia, eruption of rose-colored papulæ on the abdomen and thorax, sudamina, cough, and sibilant rhonchus.

When the prognosis is favorable, the *third stage* is characterized by the symptoms of the second stage, with a gradual diminution about the end of the second week, and convalescence at the end of the third. If unfavorable, there are sordes on the teeth, stupor, coma, muttering delirium, great prostration; diarrhœa increased at times, with discharges of blood, and rigors.

What is the *pathological anatomy* of this disease? There is a thickening and secretion of whitish matter into the glands of Peyer, and their sub-mucous tissue. The mesenteric glands are enlarged, and the spleen softened slightly. In the *second stage*, there is increased alteration of the glands of Peyer, as well as injection and commencement of ulceration in the adjoining mucous tissue; softening and thickening of the mesenteric glands and spleen. Sometimes there is an inflamed state of the bronchial mucous membrane, gastritis, and softening of the mucous membrane of the large intestine. There is also usually injection of the membranes of the brain or effusion of serum, but never sufficient to explain the violence of the cerebral symptoms. In the *third stage*, the

glands of Peyer are ulcerated: the ulcers have irregular excavated edges; sometimes the ulcers are preceded by distinct yellow sloughs in the second and third stages; the mucous membrane around them is reddened, but not much altered in consistence. The mesenteric glands are softened, reddened, and often infiltrated with purulent matter. Pneumonia is often present.

Can typhoid fever be cut short abruptly by *treatment*? No; the main object of treatment is to prevent or remove local inflammations, which cause the greatest uneasiness to the patient, and are often the immediate cause of death.

What is the *treatment*? In mild cases, but little should be done. A small bleeding with diluents, acids, and neutral and effervescing draughts, are generally all that is required.

When there are symptoms of cerebral determinations, cups, leeches, or cold applications will be useful; if diarrhœa, opiate enemata will be proper. If pneumonia attend, cupping and leeching the chest will be proper. In the latter stages, the sulphate of quinine and nutritious diet will be proper if the powers of the system fail. If the secretions from the bowels are much altered, mild cathartics will be proper, with which the bowels should be kept open if necessary.

What are the *complications*? There may be perforation of the intestine and its consequences. Undue determinations to the various organs. Tuberculous disease in the last stage. When epidemic, it is very violent, and appears to be sometimes contagious.

These various complications and circumstances require corresponding modifications of treatment.

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Art. VII.—*A Treatise on the Diseases of the Chest: being a Course of Lectures delivered in the New York Hospital.* By John A. Swett, M. D., Physician to the New York Hospital; Member of the New York Pathological Society. New York: D. Appleton & Co. 1852. pp. 585.

No branch of practical or theoretical medicine is more important than the diseases of the chest; and we always hail with satisfaction any new treatise on these subjects, hoping that it may serve to increase the general knowledge, and especially to diffuse among the profession a desire to cultivate

this important department of practice. Each additional treatise, if it reach any tolerable degree of completeness, serves to extend our information, and to render our practical relations more certain and efficient. Entertaining these opinions, we hail with pleasure the appearance of this new work on the diseases of the chest, and the more so as it comes from one entitled to great respect for his industry and attainments.

The treatise before us is made up of a series of lectures, delivered in the New York Hospital, and originally published in the *New York Lancet;* but in their present form they have undergone many changes, corrections and emendations, rendered necessary, not only on account of the rapid progress of these departments, but also from the fact that they were, in the first instance, delivered extempore and committed to writing by a stenographer. They are now much more complete than as originally published.

The lectures comprise an outline of the principles of physical diagnosis, and a full account of the various diseases of the lungs and heart, considered in their practical relations. The part which is devoted to the principles of diagnosis, presents a very good outline of percussion and auscultation; it is, however, too brief to afford the pupil a thorough acquaintance with these subjects; and if he is required to seek information from the more extended works, we can see but little advantage in the introduction of what is to him measurably useless. There is certainly great propriety in connecting the elementary principles of diagnosis with the diseases to which they apply; but those principles should be carefully arranged and fully explained, otherwise the learner will be perplexed, left in doubt, and, too often, altogether discouraged.

We repeat, again, that the author has given a good outline of the subject, and one which those familiar with physical diagnosis will recognize as being mainly accurate and faithful as far as it goes; but no author, whatever may be his powers of condensation, can furnish, within *fifteen pages*, an account

of auscultation and percussion sufficient for the beginner. The student, therefore, into whose hands this work may fall, should not rely on the first lecture to acquaint him with the principles and rules of physical diagnosis.

Besides its brevity, we have but few comments to make on this part of the treatise, and shall advert to only two statements from which we dissent. On page sixteen an error has occurred, doubtless through inadvertance, in reference to the term *pleximeter;* thus the fore and middle fingers *of the right hand* with their extremitities placed together, are declared to be the best *pleximeter*. The author evidently meant to say the best *percussor;* a mistake, although trivial in its character, calculated to confuse and embarrass the learner.

The autthor remarks, that when the parietes of the chest are covered with fat, or when the muscles are thick, "the advantages of percussion are comparatively lost." This remark, we think, is somewhat too general, and calculated to impart an erroneous impression to the learner. It is true, the presence of fat, or great thickness of muscles, materially diminish the resonance of the chest; still the results of percussion may be useful if not indispensable. In such cases, firm pressure with the pleximeter, and a forcible blow, will afford results, by comparing the two sides, by no means so insignificant as the remark of our author would imply. And we may remark here, that in such cases the *hammer* and *ivory pleximeter* often become useful instruments. We do not use nor commend any instruments except the fingers, in ordinary cases; but when the parietes are thick, we may advantageously employ a hammer and pleximeter, with the view of obtaining a clearer sound.

On page twenty, we find the following remark on the subject of auscultation:

"In practising auscultation, it is not necessary to expose the chest. It should be covered by a soft towel, or by some analogous material, taking care to remove any article of clothing that may create sound as the chest moves, particularly if it be made of silk or of woolen stuff."

We can hardly conceive of a more mischievous rule than the above, and it is surprising that a practical auscultator should declare it unnecessary to expose the chest, and even advise the intervention of a towel. We have no hesitation in declaring that the *naked* chest will gave the best results, either in auscultation or percussion, and that the intervention of *any* substance will more or less impair the sounds. It is true a very *thin* and *soft* material will do less injury than one of an opposite character; but there can be no doubt that the sounds will be deadened by any substance however soft and pliable it may be, and should, therefore, always be dispensed with. The objection to an exposure of the chest on the score of *delicacy* is not worth a moments consideration; for what female, possessing even a moderate share of intelligence, would for a moment object to such a procedure, when her life depended on the issue. We have never found females to object to a reasonable or necessary degree of exposure; on the contrary, we have often thought that patients seemed dissatisfied when our examinations were conducted rather on the principles of *delicacy*, than a determination to learn the exact nature of the disease. Our experience is that females *will* submit, freely and willingly, to a sufficient exposure of the chest for the purposes of auscultation and percussion, and we sincerely advise practitioners always to insist on every facility for examination, or decline altogether an opinion in the case. It is true we cannot, in females insist, on a full degree of exposure, such as can be demanded of males; for example, we cannot strip them to the waist, for the purpose of inspecting the movements of the chest; but they will readily allow the upper portion of the thorax to be uncovered, and to a sufficient extent to allow of free inspection, palpation, percussion, and auscultation.

On page 20, the following paragraph occurs:

"*Immediate auscultation* is much better than the use of the stethoscope. Expose the chest of your patient, or cover it only with a soft towel, and apply your ear directly to the parietes. You will hear the respiratory sounds more dis-

tinctly and satisfactorily than with any form of the stethoscope. In certain cases, in which the malformation of the chest, or from inability of the patient to assume a convenient position, or when you wish to circumscribe a local lesion, as, for instance, an abscess in the lung, the stethoscope may aid you. A flexible stethoscope is perhaps the most convenient form of the instrument."

We cannot assent to the opinions contained in the above paragraph. The superiority of mediate or immediate auscultation, must be considered, first, in an *absolute* sense, and, secondly, in reference to the *practical tact* of the auscultator. The author, we are inclined to believe, has drawn his conclusions alone from the latter consideration.

Habit has much to do in determining a preference for one or the other of these methods. A person accustomed to apply the ear will find the use of the stethoscope difficult and unsatisfactory; and one who alone practices mediate auscultation, will be equally unsuccessful in the direct application of the ear. But the preference of an individual for a particular mode, growing out of its continued use, by no means establishes its superiority—that can be determined only by a reference to the *principles* on which the different methods are founded. The question then is, does the stethoscope possess any properties which do not belong to the unaided ear? We are free to answer this question in the affirmative; and we may appeal to the declaration of our author to prove that it possesses at least *one* peculiarity, namely, that it will the more readily *circumscribe a local lesion*. This fact of itself is sufficient to determine us in favor of the stethoscope, for it is generally useful to circumscribe a lesion; but independent of this property, we contend that a properly constructed instrument acts, to some extent, as an ear-trumpet, and that it increases the force of sound. In confirmation of this view (which we cannot now elaborate), it is only necessary to refer to the common laws of acoustics, and the influence of shape over the conducting power of a stethoscope. We believe that Dr. C. J. B. Williams' views on this subject are, in the main, correct,

and that an increased power is obtained by a trumpet-shaped instrument, constructed of thin and vibratile wood. Moreover, it often becomes difficult, and at times impossible, to apply the ear where the stethoscope can be readily employed; indeed, it is far more easy (as we have learned from everyday experience) to apply the stethoscope than the ear to the infra-clavicular region, while it is impossible to use immediate auscultation *above* the clavicle. This region, being one of the most important belonging to the chest, cannot be completely explored by the ear alone, which is, in our opinion, of itself sufficient to give a preference for the stethoscope.

It is common for persons little practised in physical diagnosis, and not having tact in the application, nor comprehending the properties of the stethoscope, to declare against its use; but it is quite rare to find a skillful auscultator entertaining such opinions, and when they more frequently employ the ear, it arises rather from habit, than a belief in the superiority of that mode. Hence, when we meet with an exception to this rule, it can generally be traced to some special but deceptive reason; for example, our author expresses a preference for the *flexible* stethoscope—an instrument, as generally constructed, altogether inferior to the cylinder of wood, and we suspect, therefore, that his general objection arises more from the use of imperfect instruments, than any other cause.

We would strongly advise every auscultator to acquire a perfect use of the cylinder, as well as the unaided ear; and then, when he becomes a practised auscultator, he can advantageously employ one or the other, according to his own convenience, or the necessities of the case. We are of opinion, however, that few persons who acquire tact in the use of the stethoscope, and who are fortunate enough to secure a properly constructed instrument, will dispense with its use, in a large majority of cases.

The second Lecture is devoted to the rational and constitutional symptoms of pulmonary disease, in which the author furnishes a comprehensive summary of several of these

signs, while his description of others, is too brief. Thus the symptom of *cough* is mentioned, but the description of the different varieties, and their pathological signification, is very brief; and although correct, is hardly sufficient for the mere pupil. The different forms of the *sputa* (erroneously called *expectoration*) are too briefly and imperfectly described, to convey to the learner, the exact semeiological value of this important sign.

The practical portion of the work includes most of the diseases of the thoracic viscera, giving with sufficient fullness and detail, the pathology, symptoms and treatment of these important affections. In the discussion of these subjects, the author evinces an intimate acquaintance with the literature of the profession, and a practical familiarity with diagnosis and treatment, which impart a high value to his treatise. We could, however, point out certain errors and omissions, but they are not sufficiently numerous or important to call for particular comment, and do not materially detract from the general merits of the work.

We have not space for extracts, or further comments, but we cannot refrain from introducing the following remarks on the subject of the specific influence of medicine, in arresting their development. We fear there is too much truth in the opinion expressed, even in regard to cod-liver oil.

"Antimony, digitalis, iodine have all had their day of imaginary success, and all been forgotten. Cod-liver oil, the present popular remedy, is destined to experience the same fate. It has not, in my opinion, any specific influence in phthisis. It has not, in my experience, performed any wonderful cures. I do not, however, mean to deny its usefulness in this disease. It certainly sometimes seems to diminish the emaciation, to improve the appetite. It is good nourishment, nothing more; and I think it very probable, that other kinds of oil, equally well prepared, may exert the same beneficial influence."

We are of opinion, notwithstanding the few criticisms we have made, and other imperfections passed without comment, that Dr. Swett has produced a valuable treatise on diseases of the chest, and one that will be read with pleasure and

profit by those seeking information on these subjects. It is, in the main, characterized by extensive research, and a practical familiarity with the subjects discussed, together with a degree of fairness and candor which strongly commend it to the favorable notice of the profession. For sale by H. W. Derby & Co.

ART. VIII.—*A Practical Treatise on Diseases of the Urinary and Generative Organs in both Sexes.* PART I. *Non-Specific Diseases.* PART II. *Syphilis.* By WILLIAM ACTON, late Surgeon to the Isling Dispensary, and formerly externe at the Female Venereal Hospital, Paris. Reprinted from the second London edition, with additional illustrations, and colored plates. New York: J. S. Redfield. 1852; pp. 459.

The treatise of Mr. Acton on the diseases of the urinary and generative organs, is well and favorably known to the profession in the United States, having been extensively circulated for several years past; and in England, where the author and his treatise are intimately known, it has received very general commendation. The present edition is far more complete than the preceding one; the author has carefully brought it up to the present period, and having revised and greatly enlarged many parts, it now presents one of the most complete works extant, on the subjects of which it treats.

The most striking feature of Mr. Acton's work, is its comprehensiveness and completeness. Thoroughly educated in the Schools of France and England, the author has drawn largely on the experience of Hunter, Ricord, Lallemand, Brodie, and other reliable sources, to which has been added his own ample experience. His work is, therefore, a complete representative of the present state of French and English medicine in its relation to venereal diseases. We regard Mr. Acton as an accurate observer, and a faithful recorder of what passes under his notice; and his work possesses

the additional merit of freedom from preconceived theories and doctrines. The student will find in it a *text-book* to which he may look with confidence for a full and clear account of the subjects properly belonging to this department of science; and the practitioner may with equal certainty consult its pages for information in regard to those rules of practice which have received the sanction of Ricord, Lallemand, Brodie, Prout, as well as all of the most enlightened surgeons of Europe and America. For sale by H. W. Derby & Co.

Art. IX.—*Review of Materia Medica, for the use of Students.* By John B. Biddle, M. D., formerly Professor of Materia Medica in the Franklin Med. College of Philadelphia, Physician to the Pennsylvania Institution for the Deaf and Dumb, &c. *With illustrations.* Philadelphia: Lindsay & Blakiston. pp. 322. 1852.

This is designed as an elementary work for the use of students, and not as a text-book. Its objects are, however, clearly set forth by the author in his preface, from which we quote.

This little volume, though not intended as a systematic text-book, the author hopes may be found useful in supplying students with a condensed *review* of the elements of Materia Medica, as a guide to the courses of lectures delivered on this department in the United States. It makes no pretention to rank among original treatises, but is designed to present the leading facts and principles usually comprised under this head, as set forth by the standard anthorities.

It is divided into three parts. Part 1, treats of Mechanical Remedies. Part 2, of Imponderable Remedies. Part 3, of Pharmacological Remedies, or Medicines.

The descriptions under the different heads are clear, concise, and to the point; containing the greatest possible amount of information in the space allotted. Manuals of this kind are very useful to students, and we doubt not but that this one will meet with the encouragement which it so well merits.

For sale by W. Phillips & Co., Fourth and Main streets.

ART. X.—*Thirteenth Annnal Report of the Directors and Superintendent of the Ohio Lunatic Asylum, to the Fifteenth General Assembly of the State of Ohio: for the year* 1851. pp. 96.

This document is chiefly occupied by the able, full and interesting report of the Superintendent, S. Hanbury Smith, M. D. A great variety of subjects are discussed with that earnestness and ability which characterize his productions, and which are of immense importance in reference to this unfortunate class among us, the insane. We might, if our limits permited, make many extracts; but we suppose the report will be generally circulated and read, both in and out of the profession. Under the caption of "the Medical History of the Year," we have twenty-three pages of interesting detail in reference to the treatment of patients in the asylum, which commends itself to the consideration of every medical man. We consider this report a most excellent one, and as doing honor to its author.

ART. XI.—*A Compltee Treatise on Midwifery, or the Theory and Practice of Tokology; including the diseases of Pregnancy, Labor and the Puerperal state.* By ALF. A. L. M. VELPEAU, M. D., translated from the French by CHA'S D. MEIGS, M. D., Prof. of Midwifery in the Jefferson Medical College, &c. *Fourth American, with the additions from the last French Edition,* by WM. BYRD PAGE, M. D., Lecturer on Obstetrics in the Philadelphia Medical Institute, etc. With numerous illustrations. pp. 652. Philadelphia: Lindsay & Blackiston. 1852.

The fact that this work has reached the "fourth American edition," is a much better comment on its merits than any thing which we can say of it. It purports to be a "complete treatise on Midwifery," and that it has sustained its title is evident in the manner in which the work is appreciated by the profession. The practitioner of Obstetrics will find it a most excellent work for reference on all subjects coming before him in daily practice. It is brought up to the times on all sub-

jects of practical utility, by the addition of much new matter by the author, in this edition. The introduction contains a historical notice of the obstetrical art that is of value, and cannot be found in so condensed a form anywhere else. An extended notice of a work like the present which is viewed so favorably by those best acquainted with it, can hardly be necessary; but we can certainly say with propriety, that it is one of the best works now in the hands of the practitioner, in this country.

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PART III.

FOREIGN SUMMARY.

1.—*On the emloyment of Mercury in ordinary cases of Syphilis.* By G. Borlase Childs, Esq., F. R. C. S., Surgeon-in-Chief to the City Police Force, &c.

So much has been said and written upon this subject, that it becomes now a matter of difficulty to suggest anything of a novel character which may be received by the Profession as of practical utility. The following brief observations may not be deemed unacceptable, embodying as they do the writer's views of this question, apart from and unbiassed by the prejudices and opinions of others. From the nature of his appointment it must necessarily follow that a wide and ample field of observation has been open to him, and it would be but fair to infer that he has availed himself of this opportunity to arrive at some definite conclusion respecting this important question.

The question necessarily resolves itself into three heads.

First, as to the character of sores for which mercury should be given.

Second, as to the influence which mercury exercises over such sores.

Third, as to the power of mercury in preventing constitutional syphilis.

In reference to the first question, I cannot agree in the opinion advanced by some surgeons, that mercury should be exhibited indiscriminately in all sores, at whatever stage they may be presented to us—such a course of treatment would in many cases be productive of the most serious results; nor, on the other hand, am I inclined to adopt the opinion expressed by an opposite party, that mercury should on no account be given unless we have very decided proof afforded us,

either by the peculiar appearance of the sore, or by the testimony of the patient himself, that it has a venereal origin.

During the ulcerative stage of an ordinary chancre, I believe there are few practitioners who would place their patients under the influence of mercury; such a practice would be fraught with danger, and, to say the least of it, the progress of the case would be slow, and much more protracted than it ought to be,—circumstances both embarrassing to the surgeon and unsatisfactory to the patient. If, therefore, an opportunity occurs of seeing the patient during the earlier stage of chancre, the right course will be to destroy the pustule by a liberal use of the nitrate of silver, or, what is far better, with a finely-pointed stick of caustic potash; less irritation will be found to follow the latter application than the former; the sore should then be treated with simple dressing, or with a weak solution of chloride of soda and opium, over which a layer of finely-carded cotton should be placed, in order to obviate the possibility of friction. This treatment should be pursued until the regenerative process commences, when mercury may be resorted to with marked benefit. These sores are not unfrequently contracted at a time when persons, having drunk more freely than prudence suggests, a sort of artificial incentive is acquired for sexual indulgence. With these persons the system is in an irritable, inflammatory state, and the sores so contracted necessarily assume an irritable, inflammatory type. Under such a state of things it would not only be unwise, but dangerous, to place a patient under a course of mercury,—we must wait until the system has been cooled and quieted by mild aperients and opiates, the sore freely cauterised, and subsequently dressed with the solution referred to. It will sometimes be necessary even to abstract blood from the sore itself by the application of a leech, care being taken that an additional chancre is not created from the leech-bite itself.

In spite of all our efforts, from the onset some sores pertinaciously resist every attempt made to heal them, and evince a disposition to rapid ulceration and sloughing, to which we apply the term phagedæna. Some of these are of a superficial, others of a deeper character; many are amenable to the influence of mercury, but there are others, again, in which this remedy totally fails, and in the treatment of which large doses of iron and opium can alone be depended upon. It is but rarely that the surgeon is enabled, at first sight, from the appearances of such sores, to form a correct

judgment of the plan of treatment he ought to adopt, whether mercurial or otherwise; but, granting that the sore had a venereal origin, and that the patient had not been previously submitted to a mercurial course, with certain restrictions, he would not err in adopting it. In short, as a general principle, mild doses of mercury, in the form of blue pill and Dover's powder, may safely be tried in all ordinary cases of venereal chancre, without any ill result.

With regard to the second question, viz., the influence of mercury over venereal sores, there can be little doubt but that a great many of these sores heal without the aid of mercury, and there can be still less doubt but that a modified mercurial treatment greatly facilitates the healing process, and materially diminishes the chances of secondary symptoms. Were I asked, therefore, to define the character of sore in which the simple treatment should on no account be risked, I should say, in a few words, all sores that have a tendency to induration and an indisposition to heal. And here I may also remark, that if we are disposed to be exclusive in the use of this remedy, we must learn to distinguish those sores which derive their induration from simple irritation, and those which acquire it from the application of a specific virus, as all the characteristic appearances of a true Hunterian chancre are not unfrequently simulated in a similar sore by a too liberal use of lunar caustic and other irritating applications.

And now as to the third question—the power of mercury in preventing constitutional syphilis,—a question of grave importance to the patient, and one of undoubted interest to the surgeon,—a question which, I am free to confess, has not been satisfactorily responded to in my own mind, either by my own personal experience or by the collated opinions of others;—to place implicit confidence in the anti-syphiltic powers of mercury, or, during the treatment of primary chancre, to guarantee a patient's safety in this respect, would be but a bold and adventurous speculation, and one unbecoming a follower of legitimate practice. Certainly much can be done to lessen the chances of such a result, by judicious management in the early stage of chancre, such as free cauterization, rest, and a proper prophylactic treatment. It has been asserted by a celebrated writer on this disease, that all persons are not susceptible of a general infection. In this opinion I concur, and it must have been observed by those who have had much experience in this department of

practice, that persons who, from neglect or otherwise, have not touched a grain of mercury, yet with a sore possessing all the characteristics of a true Hunterian chancre, are never attacked by consecutive affections; while, on the other hand, those who from the commencement have been submitted to a mercurial course, have suffered most severely from them. In such an uncertain state of things, the wisest course is to avoid extremes by steadily administering moderate doses of blue pill, combined with Dover's powder, until the sore has healed, and no induration remains. By this plan, although we cannot offer our patient a sure guarantee against constitutional infection, yet there is one thing at least we shall have the satisfaction of knowing, that should consecutive affections appear, in the majority of cases they will be so modified and mild in their character, that little or no uneasiness need be felt respecting the results.—*Lon. Med. Times and Gezette.*

2.—*On Placing Medicines on the Tongue.*

A paper by Mr. Wadrop, "On the Benefits that may be derived from placing Medicinal Substances on the Tongue, instead of into the Stomach," was read. He observed, that there are many circumstances which might be mentioned, in order to show the influence which some medicinal substances have on the animal economy, when they are placed on the surface of the tongue. A gentleman subject to bilious headache, for which he was accustomed to take small doses of calomel, repeatedly found a distinct difference in the length of time which the calomel required to relieve the headache, according as it had been taken in the form of powder on the tougue, or of pill into the stomach. In another case, the difference of the effect of swallowing a bolus, pil. aloes c. myrrà, or allowing it to dissolve in the mouth, was considerable. When taken into the stomach, it always created a good deal of pain throughout the ailmentary canal, and the evacuations were irregular; but, when dissolved in the mouth, no other sensible effect was produced than one natural evacuation. Experience showed Mr. Wadrop that this principle applied to other drugs; and he explained it thus; the tongue possesses an abundant supply of absorbents, by which the drugs are carried directly into the venous circulation; whereas medicines, taken into the stomach, are necessarily mixed with the food, so that a more lengthened period must be required to separate them.—*Ibid.*

3.—*Cases of Sciatica and Neuralgia, successfully treated by acupuncture.* By H. S. Belcome, M. D., Senior Physician to the York County Hospital.

As magnetism, galvanism, and the phenomena relating thereto, and its effects upon the human system, seem at present special objects of research, I take the liberty of sending for insertion in your journal a few cases of painful disease, where the success of the treatment, to my mind, was principally due to the use of a remedy by no means old in this country, and received with much favor when first introduced by Dr. Elliotson, but which seems now to have fallen into disuse, at least I never hear it proposed in consultation, and the last edition of Dr. Watson's lectures, which I understand is a text-book both in London and Edinburgh, makes no allusion to acupuncture, except for the relief of anasarcous swellings.

I must premise that there has been much rheumatism and neuralgia in this part of the world, but I have reason to believe that I am the only practitioner who has directed the employment of the remedy. Without further preface I proceed to a plain narration.

Case 1.—A lady of fortune, aged 65, stout, full habit, partial to luxurious living, but a water drinker; indolent as to exercise, except in a carriage, was attacked early in the spring with severe pain across the loins, shooting down the thighs, causing great inconvenience night and day. The bowels were confined; urine moderate in quantity; turbid. The means used gave very partial relief; presently the pain centered just between the tuber ischii and trochanter major, darting down to the knee and ankle; spasmodic action of the calf of the leg, sometimes very great. A needle was inserted just at the seat of pain to some depth, and another two inches lower in the same direction. Both were kept in for two hours and then withdrawn; the pain entirely subsided, and has not hitherto returned.

Case 2.—A retired tradesman, aged 70; very corpulent; moderately active; fond of the pleasures of the table, but sober. Symptoms much the same, only the pains resembled more the neuralgic tic, and rest was impossible. The needles were introduced three different times before success was obtained; but when obtained it was complete.

Case 3.—A butcher, middle-aged, tall, stout, plethoric; very active in his pursuits, very moderate in his diet. The

pain, first commenced in the loins, then the shooting down the thighs, preventing his going to market or attending in his shop; then the concentration in the sciatic nerve. The needles completely relieved the pain after one insertion.

Case 4.—A married lady, in easy circumstances, aged 45; no family; very active in her mode of life, very temperate in her living, yet inclined to corpulency; for two years she had been seldom free from this vexatious sciatica, rendering her existence very uncomfortable. Many measures had been tried in vain for relief, and it was only by the effect of persuation she was induced to consult me. The insertion of the needles was attended with complete success; the pains have not hitherto returned, and her movements are as free and easy as in youth.

I might add three more cases, where the disease was situated in the nerve of the upper extremity, though the effects were most sensibly felt in the wrist, the pain in the shoulder being only casually mentioned or thought of. The insertion of the needles has been always successful. In these, belladonna plasters were also applied to the wrists, though more I think to gratify the patients, who were resolute the seat of disease was there, than from any expectancy I had of relief, though in many cases I have full confidence in the remedy. One case I may mention. A countryman had a paralytic seizure two years back, which deprived him of the power of speech, though the limbs perfectly recovered. I was sent for lately early in the morning. I found him incapable of using his right arm, which seemed to hang motionless, and his friends were persuaded he had had a paralytic attack in the night. From learning somewhat of the history, and examining attentively the limb, observing there was a more clonic spasm than paralytic degeneration, I was certain it was rheumatism, and had a belladonna plaster placed upon the shoulder and muscles of the neck. Other medicines, I think, were calomel and opium. The intelligent countenance, the clear eye, following me attentively as I made my examination, strengthened my judgment as to the nature of the attack. He recovered very shortly.

The medicines I gave in all the cases of sciatic lumbago were acetate of potash in compound infusion of senna, the patients finding much relief from the movement of the lower bowels, and pressure being taken off the kidneys. In the neuralgia of the upper extremity carbonate of iron in full dose was given.

The different medicines were given with a view of testing their peculiar operation. I am of opinion that full purgation is very useful in all cases of rheumatism, especially in the acute; and that it is more useful where the lower extremities are attacked than when the distress falls upon the upper. The carbonate of iron is certainly an excellent remedy where the chronic form prevails. Many years since, I had an epistolary controversy with a Stafford physician on the subject, which appeared in the medical periodicals of those bygone days; but as he answered not my last letter, I claimed to myself the victory, as remaining on the field; and the practice I have pursued has only corroborated my judgment. The *ratio medendi* I have nothing to do with; I have only to observe, that sound physiology will always lead to proper modes of practice; whereas theoretical ideas will lead to very unsafe conclusions. My meaning may be thus expressed in other words: There is often a condition of the system which may appear inflammatory, it is only irritative: apply depletory measures, you increase it; waiting awhile, and observing that inflammation does not increase,—for it is its sure character to proceed,—you may then trust to your more nervine, or, if you please, tonic remedies. Assuredly there are remedies well adapted for the relief of most disorders which affect our system;—how to apply, when to apply, is the wisdom of medicine.

Dr. M'Culloch wrote two large volumes to prove that malaria was the cause of all neuralgic diseases. I have read them attentively,—have observed, I hope accurately—but I cannot agree with him. I think much of this disease may arise from mode of life, variations of temperature, internally and externally; sudden changes, such as we have experienced lately. At all events, the cases I have narrated were neither in confined situations, nor subjected to such localities, and they were all isolated, that is to say, individual—I had not two cases in the same locality, nor were any of them near the Foss, which is a condemned quarter of our city—unjustly, to my mind; for the hospital is near to it, good houses are built and building in its vicinity; nor am I aware of any of the peculiar diseases of malaria particularly noted there.—*Ibid.*

4.—*On a New Method of Estimating the quantity of Urea in Urine.* By Baron Leibig.

Dr. Hoffmann, of the Royal College of Chemistry, favored the Chemical Society with some remarks on Prof. Liebig's

new method of estimating the quantity of urea contained in urine. He stated that various methods had previously been recommended for estimating urea, among others, that of converting the urea into carbonate of ammonia, and ascertaining the quantity of nitrogen. This method, as well as some others, requires too delicate and careful manipulation, while others have been proved to furnish incorrect results. Professor Liebig had been often applied to by his physiological friends at Geissen, to devise some simple method to effect this object, such as a medical man might himself readily apply. Whilst at Giessen, during the Christmas holidays, Professor Leibig showed Dr. Hoffmann the method he had recently discovered to effect this estimation of urea with great facility. It consists in treating the urine under examination with solution of the nitrate of the binoxide of mercury. Dr. Hoffmann then took a solution containing a known quantity of urea, and to it added a portion of a measured quantity of a standard solution of the nitrate. A copious white precipitate, resembling chloride of silver, was immediately formed, with liberation of free nitric acid. As the presence of this acid prevents the further action of the nitrate, Dr. Hoffmann next added to the solution a sufficient quantity of baryta water to neutralise the acid. This done, the addition of a fresh portion of the nitrate produced a further preciptate; and so on, by repeated additions of the test, and subsequent neutralisation of the free acid by baryta water, Dr. Hoffmann precipitated the whole of the urea present in the solution. Immediately the whole of the urea was precipitated, the addition of a further quantity of the nitrate solution produced a yellow precipitate of protoxide of mercury. The quantity of urea present in a given sample of urine, may thus be readily deduced from the quantity of a solution of the nitrate of mercury required for its precipitation.

Dr. Hoffmann then took a sample of urine, and with it repeated the experiment he had just before performed on a solution of urea.

It was suggested, that the presence of ammonia in urine would interfere with the practical value of the test, and lead to incorrect results. This, however, would not be the case with fresh urine, which would usually form the subject of the medical man's examination.

In reply to the question, whether the presence of diabetic sugar in urine would interfere with the successful action of

the proposed test, Dr. Hoffmann stated, that he did not know whether it had been tried or not, but it was his opinion that it would not affect the result obtained.

Dr. Hoffmann stated it to be the intention of Professor Leibig to communicate a full account of his present and future researches on the subject to the Chemical Society. In the meanwhile, he requested Dr. Hoffmann to be the exponent of his views, for the purpose of eliciting the opinions of others with respect to the successful application of the process.—*Ibid.*

5.—*Uterus and Appendages during a Menstrual Period.* By Mr. Grimsdale.

This was from a young unmarried woman of good character, who had menstruated regularly till her death, which occurred from post pharyngeal abscess, on the second or third day of a menstrual period. The uterus was of the normal size, its posterior surface dark red from hypostatic congestion. Fallopian tubes much congested, especially towards their fimbriated extremities. The os uteri slightly open, and free from any discharge whatever; round the margin of the os was a bright red line, which, on close examination, seemed like a fringe of minute granulations. The cavity of cervix natural in color, was empty, just moistened apparently with its natural mucus. The uterine cavity contained a bloody fluid spread over and adhering to its mucous lining; this at the upper part had the appearance of pure arterial blood, or nearly so; towards the commencement of the cervical cavity it seemed mixed with a mucous fluid, and to be more abundant, as if it would readily run down; but none appeared in the cervical cavity. The cut substance of of the uterus was healthy in appearance. The ovaries looked healthy; the left, the larger, had a patch of congested-looking redness on its posterior surface, and in the center of this patch was a darker depressed spot. A bristle was very carefully applied to this, and without the slightest force was found to pass through the peritoneal covering; it passed into what appeared to be a very singularly circular cavity, lined with a yellowish matter, and containing a substance looking like coagulated blood and mucus. The shape of the enclosed matter might be compared to that of a double convex lens, with a very irregular outline. The hole through the

peritoneum penetrated also through the yellowish matter. The right ovary, not so large as the left, had on its surface several cicatrices: one of these, when cut into, showed it to have been situated over an empty irregular cavity, lined with yellowish matter. This matter lined the whole cavity, except at the spot corresponding to the cicatrix; here there was nothing but the thin peritoneal coating over it. The Fallopian tubes were found to contain for about their distal half, rather a larger quantity of bloody-looking mucus; that portion of each tube next the uterus was empty.

PART IV.

AMERICAN SUMMARY.

1.—*Cod-Liver Oil.* (*Trans. Col. Phys. Phil.*)

Dr. Wood called the attention of the College to the diminished percentage of deaths from consumption in the city of Philadelphia and the surrounding districts, as shown by the tables of mortality recently presented to the College by Dr. Ruschenberger, and published in the last number of its Summary of Transactions. Dr. Wood was inclined to attribute this diminution in the deaths from consumption mainly to the general use of cod-liver oil by individuals threatened with that disease, or in whom its premonitory symptoms had already exhibited themselves. We know of no other general influence to which the diminished mortality could be referred. He remarked, however, that it would be too soon to congratulate ourselves upon having discovered a means by which the fatality of consumption can be effectually and permanently controlled. It is an acknowledged fact, that the cod-liver oil has the power, in some instances, of arresting the progress of tuberculization without entirely eradicating the predisposition to it; consequently, the diminution in the deaths from consumption of the past year may be made up in an increased mortality from this source, exhibited in the mortuary tables of some later period.

Dr. Evans remarked, that the epidemic excitement in favor of cod-liver oil, as a remedy for consumption, commenced in the Eastern States some years since: hence, before we can arrive at any positive conclusion as to how far the diminution in the deaths from consumption, exhibited by the tables of mortality for our own city, is to be attributed to the curative powers of cod-liver oil, we must ascertain whether the same diminution has been noticed in Boston and New York, where the oil has been used certainly to as great an extent, and for a longer period, then it has in Philadelphia. Judging from his own experience as to the influence of the cod-liver oil in the arrest of tubercular phthisis, he certainly could not endorse the favorable opinion as to its efficacy that is entertained by some practitioners.

Dr. Coates remarked that he had seen, as others had, far more advantages result to persons suffering under consumption, from the use of cod-liver oil, than from any other medication of the very numerous list which he had tried or seen tried.

In reply to Dr. Evans, Dr. Coates said, that he knew no facts in relation to diminution of the mortality in Boston by consumption during the last four or five years, and since the introduction to use of cod-liver oil; but during the last ten years, the diminution was very conspicuous. For this he referred to statistical tables. He was quite aware that much of this was to be attributed to improved comforts in living; particularly to the use of cellar furnaces, gum-elastic fabrics, abundant and cheap cotton flannels, and the occasional discharge of masses of snow from the streets into the harbor, and gradual removal of the poor from the city of Boston proper, to the suburban cities which surround it; and the consequent great average increase of wealth possessed by the population which remained, enabling the latter to be composed of persons enjoying, all circumstances considered, a larger share of the comforts of life. Yet he believed that a part of it was really owing to cod-liver oil. The published statement was, at all events, not *contradictory* to the principle established by Dr. Evans.

Dr. C. added that he had been informed that a part of the process of progressive removal which he had described, had retrograded, or gone beyond a crisis; part of Boston proper having been since relinquished to emigrants, from which occurrence new statistical facts might arise.

Dr. Coates thought that prolongation of life and strength, particularly an average prolongation, ought to be considered as necessarily involving a real increase of cures. No cure could be effected, in any disease, without the powers of nature. He believed that it was now a settled point in medicine, that tubercles of the lungs, though such a terrible destroyer of the human species, always made an attempt, or had a tendency, to cure; that death was produced by accumulation of disease, and by exhaustion of powers of life; and that some recoveries really take place. If this be correct, all depends on the prolongation of existence, and the retention of the powers of the constitution. An average prolongation of life, and of a portion of the vital powers, could not, therefore, by the commonest rules, fail to add to the average and real number of *bona fide* recoveries.

2.—*Cold Water in Puerperal Convulsions.* By G. W. Booth, M. D., of Carrollville, Mississippi.

In the years 1848, I was called early one morning to see Mrs. E. W., wife of P. W. On my arrival, I was informed that she had been in labour for several hours. She was about 18 years of age, short stature, and of ruddy appearance. This was her first pregnancy, and I was informed by the old midwife who was in attendance that the labor appeared to progress favorably till a short time before I was called in. On examination, I found the head at the inferior strait presenting naturally, and the soft parts in a favorable condition. The pains appeared to be effective. Soon after I had made an examination, the muscular twitchings about the face deepened into the most terrific general convulsions I have ever witnessed. She was delivered in a few minutes after the accession of the convulsions, of a fine healthy girl, of average size. I was in hopes, after this event, that some mitigation, at least, would take place in the symptoms. In this, however, I was disappointed, as the convulsions continued to recur as before. She remained perfectly unconscious, from the first severe peroxysm, throughout the course of the disease. I put into vigorous play all the usual remedies for this formidable disease, but without influencing it materially. I continued this treatment till late in the evening. I now despaired of the patient's life, and announced the fact to her husband and friends. As a dernier resort, I determined to try the effect of cold water, applied by pouring it freely over the whole system. To carry this treatment into effect, I had her taken from the bed and laid on the floor, with a quilt under her and a sheet thrown over her body. I then, from a large pitcher, poured water, fresh from a well, over her, from head to feet, for several minutes. After the application of the water, I had dry clothes put on the patient, and she was replaced in bed. In the course of half an hour, after this she awoke from the stupor, which had existed since morning perfectly rational, and had no return of convulsions after the water had been used. She now had no recollection of anything that had taken place since the first convulsion, and appeared to be surprised to learn that her child was born.

There was inability to pass off her urine, and I drew off a large quantity with a catheter—the state of her bladder having been unattended to in the earlier part of her labor. She had a fine "getting-up," and was as well in a few days as is common after the most favorable labors.

PART V.

EDITORIAL DEPARTMENT.

HOMŒOPATHY IN ENGLAND AND SCOTLAND.

Our brethren of the old world occupy a somewhat peculiar relation to the homœopaths, which they begin to understand and appreciate. It seems that, in many instances, the Profession did not take the proper stand against this empiricism, and the result was some degree of fraternization between the parties, and a partial recognition of the homœopaths as honorable and reputable practitioners.

This state of feeling probably grew out of two circumstances: 1. The infrequent occurrence of empiricism in the old world; and 2. The patronage extended to the new sect by some of the higher classes of society. These two causes—one rendering the profession unsuspecting, and the other to some extent over-awing it—could not fail to influence a certain proportion of medical men; and the consequence has been, that the lines of separation have not been drawn with sufficient stringency. As evidence of this fact, we may mention that Dr. E. W. Murphy, Professor of Midwifery in University College, was recently summoned in consultation, with a *homœopathic practitioner*, in the neighboring town of Norwich, which the Professor not only most promptly and willingly obeyed, but subsequently gave the homœopath a *certificate* setting forth his views of the case, attesting the correctness of his treatment, and giving such an opinion in regard to the nature of the case, as to reflect on the conduct of the previous medical attendant. It is true, Professor Murphy offers some apology by saying that he did not know he was a homœopath; and in subsequent

conversations only learned that "he sometimes adopted it." And he adds that "Dr. Bell (the homœopath) seemed to me to be just in the same position as some of our most respectable men here, nibbling at homœopathy but afraid to bite."

It is evident from these admissions that Professor Murphy could not have failed to perceive that he was dealing with an empiric, and that his duty was to have declined all further intercourse with him; instead, however, of this open and manly course, he not only consults with him, but furnishes a *certificate* sustaining his course, and reflecting on the former attendant; and, by the way, expressing a professional opinion from which he subsequently felt obliged to recede.

But Professor Murphy incidentally adds, that some of the most respectable men in London are *nibbling* at homœopathy. This confirms our opinion before expressed, that the lines of separation have not been drawn with sufficient clearness and abruptness; and the profession itself by this subserviency to a vitiated public taste, has contributed to give currency to this most palpable system of empiricism. We do not believe, however, that *any* of the prominent men of London have the slightest faith in homœopathy; but *some* of them may have been so far influenced by their noble patrons, as to induce them, as a matter of *policy*, to *nibble* at homœopathy. Such things have happened in our own midst, and some have even gone so far as to take the *bait*, in the hope no doubt, that it contained a *silver-hook*. Such examples, however, either in America or Europe, are extremely rare, and only show a faltering disposition of some, and the total depravity of a still smaller class.

But it is not only the direlection of Professor Murphy which has led to the opinion above expressed; we have other and still stronger evidences of the false position of a part of the profession abroad. The University of Edinburgh, as our readers well know, continues to be disgraced by an avowed homœopathist occupying the chair of General Pathology. The Faculty of that ancient and renowned seat of learning, have proved false to themselves and the profession, and they deserve to be rewarded by a withdrawal of the patronage so liberally extended to them.

It is gratifying to perceive, however, that the profession of England and Scotland are awakening to a proper sense of honor and

propriety, and will soon, no doubt, sever all association with the homœopaths, notwithstanding they may be the possessors of diplomas from the legally constituted institutions. In evidence of this feeling, we may mention, that the Royal College of Surgeons of Edinburgh has taken proper action on the subject; and the Medico-Chirurgical Society of the same city, has unanimously (or with but *one* dissenting vote) *expelled* the notorious Professor Henderson. In addition to this, the London *Medical Times and Gazette* has thought it necessary, in a formal article, to direct the attention of the profession to this subject, and to urge that they should in no instance consult with or recognise the homœopathic practitioners. We observe also, that at a meeting of the profession recently held at Hull, England, very decided opinions were expressed on this subject, and the Royal College of Surgeons was formally urged to withdraw its countenance from all those members who had become homœopaths.

These facts indicate that the profession has taken the alarm, and that prompt and efficient action will speedily follow. And well may they take the alarm, for, emboldened by the apathy and indirect encouragement of the profession, the non-professional part of community have undertaken to coerce, by a mammoth petition, the authorities of the University of Edinburgh, to reverse the decision of the Faculty. It appears that a candidate for the degree of Doctor of Medicine manifested a predelection for homœopathy, whereupon the Faculty suspended his examination, (instead of rejecting him) with the view of allowing the candidate time for reflection and repentance; whereupon the devotees of homœopathy ransacked the united kingdoms of England, Scotland and Ireland, and obtained the signatures of 3337 persons, demanding of the University of Edinburgh a reversal of the decision of its Faculty. Among these petitioners, the *clergy* and *nobility* stand forth as prominent leaders. Thus eight peers, a few baronets, one bishop and 170 clergy, head the motley group who follow in their wake. In the town of Selkirk a dissenting clergyman, says the *Monthly Journal*, heads a congregation, consisting of a town-clerk a weaver, a dresser, a pressman, a slubber, a joiner, a mill-wright, a shoemaker, four cabinet makers, and two tailors. In the adjacent parish of Ashkirk, the Free Church minister leads a flock of one stocking-weaver, one joiner, one steward, a farmer and his

two sons, two farm-servants, two laborers, and two millers. The same journal makes the following comments:

"Long before the invention of any English noun ending in *opathy*, England had constantly enjoyed the singular distinction among nations of possessing a genial clime for quackery. This singular previlege she owes to two of her chiefest blessings—her peerage and her church. In these two orders of society, both of these alike powerful, alike opulent, and similar in some mental weaknesses, there has always existed throughout the country an atmosphere ready to propogate any delusion or imposture in physic, however gross. Whence may have arisen a connection so startling, it is not necessary now to imagine. Sufficient for the present is the pregnant practical fact, that quack medicines, quack doctors, and quack theories, have ever found in England the readiest acceptance among its nobility and clergy. Homœopathy, therefore, like antecedent quackeries, could scarcely fail to find a peer and a churchman to back it."

The experience of the profession in this country, in relation to the interference of deluded clergyman, is similar to that of our English brethren; for, while many honorable exceptions are every where to be found, another class are willing to take upon themselves the responsibility of propagating quack systems and of encouraging quack doctors. We very naturally and properly distrust the interference of a class of men who seem so peculiarly prone to embrace the wrong side of the question in medicine; and while we are ready to allow the largest liberty to all classes of men in their individual and public rights, we must protest against an assumption to decide questions about which they know nothing, or the use of a religious influence, possessed by every clergyman over his congregation, for the propagation of a system of quackery. If clergymen desire to retain their high position in public confidence, they must show themselves worthy of it by a strict adherence to their profession, and a careful avoidance of those secular concerns which would be likely to involve them in the complex and often angry drscussions of other pursuits.

Our object in introducing the above subject is two fold: first, to let our readers know what is transpiring abroad; and in the second place, that the profession at home may derive an instructive lesson from the experience of our brethren in distant lands.

PROCEEDINGS OF THE AMERICAN MEDICAL ASSOCIATION.

Our readers will not fail to perceive, that we have not noticed the proceedings of the last meeting of this important body, and we need hardly add, that our failure arises from the fact that we have not been favored with a copy. We are not disposed to be unnecessarily censorious, and it may be that the loss by fire has deprived the committee of the ability to supply medical journals; still we are inclined to the opinion that a sufficient number of copies have been saved to afford one to each periodical of our country. It has unfortunately happened, hitherto, that the publication of these proceedings have been so long delayed, and distributed so near the ensuing meeting, that much of the interest attached to the volume has been destroyed. The preceding volume was not issued till late in the year, and our own copy came to us simultaneously with a notice of the same work in a European Journal. These facts show that a fault exists somewhere, and we hope that the next meeting of the Association will adopt measures to secure the speedy publication of its Transactions, so that the profession may enjoy all the benefits which can be derived from this source.

DAYTON MEDICAL INSTITUTE.

By reference to our advertising sheet, it will be seen that a *primary* school has been established in Dayton, Ohio. We have so recently adverted to the importance of primary schools, that it becomes unnecessary to reiterate our former statements; but we desire to express our gratification that the profession are awakening to this subject, and that, as a necessary result, increased attention will be bestowed on the preparatory studies of pupils.

Our knowledge of the gentlemen who have engaged in the Dayton Institute, authorzies us to assure pupils that they may rely on receiving a valuable course of instructions, which will materially aid them in preparing for graduation in the chartered schools. The interim between the sessions of the regular schools cannot be more profitably spent than in attendance on such a course as that above mentioned. We sincerely wish our Dayton friends abundant success.

A RHYMING PHYSIOLOGIST.

Dr. John Morford Cottle, London, has just issued from the press of Highley & Son a "Manual of Human Physiology for Students" to which is appended, at the end of each chapter, or subject, Summaries in rhyme, of the chemical composition of the fluids and solids. The worthy author seems to place a due estimate on the pleasures and importance of verse, as well as the defects of human memory, which it is designed to aid. Here is an example:

Let twelve, two and fifty present in this rhyme	
The carbonate (12), fluate (2), and phosphate (50) of lime:	12, 2, 50=64
For fat (1) and magnesia, and soda (1), each one;	1, 1, 1= 3
Same for salt of the kitchen (1); before you have done	1
Give the balance to gelatine; then you will own	31
You've in relative numbers one hundred of bone.	100

TRANSACTIONS OF THE OHIO STATE MEDICAL SOCIETY.

Through the negligence of the Committee of Publication, we have not received a copy of the above Transactions. We happened to see, in the hands of a friend, a copy of the Proceedings, but had no opportunity to review it. Many of its papers, we doubt not, are valuable, and it would have afforded us pleasure to have laid their main features before our readers, had not the negligence of the committee deprived us of that privilege.

LARGE DOSES OF OPIUM.

Dr. William Kelly, resident physician to Blackwell's Island Hospital, New York, reports a case of puerperal fever treated with heroic doses of opium, which may stagger the faith of our readers. The treatment occupied a period of *nine days*, during which time the patient took by the mouth *eighty-four* grains of morphia, and *seventy* grains of opium! which would give an average of more than *nine* grains of morphia, and *eight* of opium, daily! But this large aggregate was not equally distributed throughout the nine days, for the writer states that for six days she took twelve grains of *morphia*, daily. And we are informed that the result was most satisfactory; the medicine produced only semi-r

hours; the kidneys performed their office as usual; the bowels were kept relaxed, and no function seemed to be injuriously affected.

This statement awakens several reflections. On the assumption that the report is literally correct (which we have no reason to doubt), we are forced to the conclusion that some unusual *modifying* cause was in operation. We are free to confess that we believe it impossible to administer twelve grains of morphia a day, for six consecutive days, to persons possessing the ordinary susceptibilities to the effects of this agent, without producing fatal results. How, then, are we to explain the *beneficial* effects of this enormous dosing with opium? The following solutions to this question may be mentioned, without, however, attaching great importance to either:

1. Can the system acquire such a degree of *tolerance* (as is the case with tartar emetic) that heroic doses can be given with impunity?

2. Is it possible that the function of absorption was so much depressed that the medicine was not taken into the circulation, and passed off by the alimentary canal, comparatively inert?

3. Was there a peculiar insusceptibility—an idiosyncrasy—which resisted the effects of the remedy?

We confess to an inability to explain satisfactorily this extraordinary case; but (admitting the facts to be undoubted, and the medicine pure) we incline to adopt the third conjecture. It is quite certain that this case will not be a safe precedent for the guidance of the practitioner. It must be regarded as constituting a remarkable exception to a general rule.

HOMŒOPATHY SANCTIFIED.

Those who have taken the trouble to read the dogmas of Hahnemann, and likewise to follow the scintillations of light shed forth by his numerous commentators, cannot have failed to observe, that there was a deep *mystery* involved in this vaunted system of therapeutics. The rays of light cease to be a mysteri- a compound of seven colors, because the *prism* demonstrates fact; the laws of chemical affinity no longer challenge the

incredulity of the student, for they admit of mathematical demonstration; the hidden character of many forms of morbid action have been freely elucidated by the agency of the crucible, the microscope, and the scalpel. But for *Homœopathy*—that inscrutible conglomeration of truth and falsehood, demonstrable facts and incomprehensible transcendalism—for this scientific *fable*, there was no elucidation, no demonstration. It rose into the pure ether of idealism, and no power of the prism, the crucible, the microscope or the scalpel could dispel the deep and impenetrable veil which hung over it.

This state of darkness, however, we are pleased to say, is fast receding. Two lights have recently gleamed upon the night of mystery; one rises with meteoric suddenness from the glowing clime of the Brazilian Capital, while the other comes from an English Rector, preaching to a wondering audience in the busy mart of Old Change, Cheapside.

It appears that the disciples of Hahnemann had fixed on the thriving city of Rio Janerio as the head quarters of Homœopathy whence was to radiate light for the whole world. For a time, however, matters went badly with infinitesimals, until an extraordinary event occurred, which was to mark a new era in the progress of homœopathy, and indeed, to herald the regeneration of the world.

The heir-apparent to the Brazilian throne, the Prince Alphonso, died, it is alleged, of a consumptive complaint, and under the care of legitimate medicine. It was declared, also, that the consumption was contracted from a tuberculous nurse, against whose employment the homæopaths had protested. This idle tale should excite only a smile of derision, but it appears that the homœopaths managed to turn it to a better account. They saw in this event, a miraculous interposition of Providence, to arrest the work of so-called *allopathy*, and to *regenerate the world!* It was also discovered, that Hahnemann was an *inspired* discoverer; but that the blessings which Providence designed to impart, through *him*, required the agency of an expiatory sacrifice, and that the Brazilian Prince was the victim selected for the great act of propitiation!! This was enough. The blood of the victim cried aloud for vengeance, and forthwith the Government authorized the establiament of a "School of 'Pure Homœoaathy,'" which was empowered to license homœapathic practitioners.

At the first graduation, we are informed that the ceremonies were conducted with great formality and solemnity. The following extract from the proceedings, will sufficiently attest its farcical character.

"On the second of July, 1849, at five in the afternoon, fifty-four members of the Homœopathic Institute, met in an apartment brilliantly illuminated, and hung with poppy-colered damask, bordered with lace fringe, and gold and silver ornaments, and relieved with festoons of natural and artificial flowers. Above the seat of honor being a portrait of his Imperial Majesty Don Pedro II., having at his right hand a portrait of Hahnemann, &c.

"At this moment Dr. Mure, Dr. Martins, Dr. Figueiredo, &c. took each from the bureau, and hung around their necks, a white ribbon with two love knots, the color, as a symbol of purity of intention; the form, to denote the circle of human knowledge; and the knots to signify the union of men on earth with one another, and with "God in heaven."

In due time, and as a part of the imposing ceremonials, the candidates for the honors of the homœopathic school, took a long oath, binding themselves in the name of the Father, Son, and Holy Ghost, to believe entirely and exclusively, in "pure homœopathy." Whereupon Dr. Mure, in the name of Hahnemann (whom he styles "*messenger of heaven*") declared the candidates fit to exercise the new art.

In addition to these proceedings, the Secretary of the Government delivered an address in commemoration of the death of Prince Alphonso, wherein he declares the old system of medicine to have been given up to Hippocratic and Græco-Roman tradition, and that it remained Pagan and material until Hahnemann, "the most inspired of discoverers" made his advent. "Through him, Christian science became universal; and the redemption descended from the dominion of sentiment, to that of ideas and intelligence." But mere logical conception could effect nothing with man; there must be a *victim;* God willed that this expiatory victim should be born on the steps of the throne.

"A peal of thunder betokened the birth of him elected by God for this great mission; and three days of fairest sunshine heralded his return to his heavenly abode. Nature, who mourns for the woes of humanity, saluted with all her splendor a death apparently so deplorable; and, nevertheless, as salutary here below, as it is precious in the eyes of God.

"It would appear that man can return to good only through an

excess of evil. In order that the human race should renounce the worship of false gods, nothing less would serve than a *Deicide*. By a *Regicide*, allopathy was herself to indicate her last hour, and show to all Brazil the monstrous consequences of her mischievous endeavors.

"Nothing could prevail against the efforts of the Most High. The Prince Alphonso was destined to perish, and we to bear witness to his death, in order that it might prove more useful to the world than has been the life of the greatest monarch.

"The Prince Alphonso has fulfilled in our eyes, a most providential mission."

The blasphemy of this impudent Brazilian Secretary might have passed unheeded, were it not that nearly identical doctrines have recently been announced from the English pulpit. On the ninth of April, 1851, the Rev. Thomas R. Everest, Rector of Wickwar, preached a sermon in the church of St. Augustine, Old 'Change, Cheapside, in aid of the Hahnemann Hospital of London, in which the spiritual or religious relations of homœopathy are distinctly set forth. This reverend priest-physician, has discovered that the ancient Jewish leprosy is nothing more nor less than the homœopathic *Diathesis Psorica*, which, according to the Hahnemann system, is the cause of all diseases. The itch contamination, the Rector of Wickwar thinks, is the great primeval *physical* curse, or the source of all disease, inflicted on man at his fall; and that homœopathy is capable of cleansing the system of this contamination, after which man can be fully regenerated, not only *physically*, but likewise morally. But in order to accomplish this great moral and physical regeneration, the work must commence during infancy, if not before birth! He says:

"So soon, therefore, as the infant opens his eyes on the light (if not before), so soon does the medicine of love begin its efforts to bring about harmony in the internal mechanism. * * * The first care of parents is, by proper dynamic medicines, to eradicate all those psoric tendencies which cause or increase all our aches, pains, ill-tempers, obstinacies, rebellions, cachexies, and all chronic diseases.

"And when you have brought about *this* sort of education—that is to say, when you have fulfilled your Redeemer's instructions, and first healed the sick, and cleansed the lepers, and *then* preached the Gospel to them, the great *Social Problem* which has puzzled so many generations, and this one most of all, is solved. * * It is your beating and scolding, your alcohol and mercury, your bad systems, bad medicines, bad teaching, and bad training,

that make of the uncleansed leper, and unhealed man, your no-Christian or your Christian so very unlike Christ, that plunge mankind into every eccentricity, extravagance, and excess. * * When the old system (of medicine) shall have quite vanished from the earth, and the new one shall be established, *then, for the first time*, will the Gospel of the kingdom of Grace be preached as Jesus ordered it to be preached, and received as God intended it to be received."

We might permit all the declarations of the Brazilian School of "Pure Homœopathy," and the effusion of the Rector of Wickwar, to pass as mingled non-sense and fanatical blasphemy of a *few* simple-minded or designing persons, were it not for the fact that the Homœopaths of England, fully endorse these monstrous assumptions. The "British Journal of Homœopathy" introduces the Rio Janerio man as the "Apostle of Homœopathy;" and at a dinner given in aid of the Hahnemann Hospital, the sermon of the Rector of Wickwar was hailed as a "*giant addition to homœopathic literature.*" And the "Homœopathic Times" declares of this sermon, that it showed how the taint of sin and leprosy is in our bodies; that homœopathy is not only a good work, but a *holy* task.

All doubt in regard to the truth of homœopathy must now cease; uncleansed, and itch-contaminated materialism cannot appreciate its purity and truth; but, with the faith of religious confidence, all mankind must acknowledge its divine origin, and bow in reverential obedience to its regenerating influences.

Here is a grand field for imposture. The Brazilian Apostle finds a ready echo from the English pulpit; and will not the land of Mormonism and spiritualized homœopathy, join in the song of the itch-redeemed throng, and swell the anthem from hill to hill and from valley to valley, until the hosts of American lepers shall be washed from all psoric tendencies? Here will be found a field for the priest-physician more fertile than credulity has yet afforded, and we are greatly mistaken if it is not, ere long, fully cultivated.

THE LUNATIC ASYLUM BILL.

We perceive that the bill to establish two additional Asylums, introduced into the Senate by our able Senator, Dr. J. L. Vattier,

has passed that body, and can hardly fail to become a law. The bill contemplates the establishment of one Asylum in the southern and the other in the northern portion of the State. The necessity for at least two additional Asylums is apparent to every one having the slightest knowledge of the wants of the insane, and the present movement is a gratifying evidence of the philanthropic motives which govern our legislators. It is the imperative duty of every citizen to do all in his power to promote the interests of this great and glorious undertaking.

RESIGNATION OF DR. BELL.

It becomes our duty to announce that Dr. John Bell has resigned the chair of Theory and practice in the Medical College of Ohio, which he has occupied for the two past sessions. The weightier reasons which led to this result, are set forth in a communication made by Dr. Bell to the Faculty, a portion of which we subjoin:

After coming here; I found myself in a situation of great responsibility, under the discharge of the double and onerous duties of Professor in the College, and Physician and Clinical Lecturer of the Hospital. My health, never robust, failed me on the occasion, and the entire winter was for me a period of almost continued disease. I bore up, however, under the trial with a feeling of determination to do my utmost, so long as I possibly could. Feeble and often suffering as I was, it pleased Heaven to allow me to perform my daily task, with scarcely an interruption. I was kept away from the Hospital only three days in all, during my entire period of attendance upon it; and in no instance, did I fail to lecture there, or at the College."

To those immediately cognizant of the circumstances most likely to influence Dr. Bell, this event was not unexpected. The change of climate, and the oppressive and arduous character of his professional duties, including daily attendance upon a large hospital, soon made an obvious impression on a constitution at best not robust, and one strongly impressed by years of diligent study. It was not surprising, therefore, that the physical abilities of Dr. Bell proved insufficient for his arduous task, and that he felt it his duty, as well as interest, to resign.

Dr. Bell brought to his chair a large reputation as a medical

scholar of extensive research, and as an able writer on Practical Medicine. The influence of his name was regarded as benificial to the interests of the school; and had his physical abilities proved equal to his professional acquirements, these anticipations would have been more than realized. In view of Dr Bell's extensive acquirements and general probity of character, it was with deep regret that his colleagues foresaw that a speedy separation would necessarily ensue, and that the school would be deprived of those valuable services which had been impaired by adventitious circumstances. We had hoped that he would have become a permanent member of the profession of the West, and that his extensive influence would have materially aided in promoting the great interests of medicine through this portion of our country. But it has been decreed otherwise, and we can only add our regrets, that any causes should have conspired to produce such a result, and express the hope that his health may be fully restored, and thereby his career continue, as heretofore, one of usefulness and honor.

At a meeting of the Medico-Chirurgical Society held March 5th, the following preamble and resolutions were unanimously adopted.

Whereas, this society has learned that Prof. John Bell has resigned his place in the Medical College of Ohio, and is about to remove his residence again to Philadelphia; therefore be it

Resolved, That it is with profound regret that we have heard of his determination to withdraw from our city and profession.

Resolved further, That this society having a high appreciation of large scholarship, great erudition, high medical attainment and ripe judgment, as of the greatest importance in elevating our common profession, and making it more influential and powerful in overcoming and destroying the various empirical systems of our city, and the West generally, part with our distinguished friend with still more difficulty and regret.

Resolved further, That as this society freely endorses the code of ethics of the American Medical Association as containing noble, wise and lofty sentiment, and calculated in an eminent degree to elevate our profession, it feels more deeply the loss of Prof. Bell, who, from his distinguished position and gentlemanly bearing, would have been able to give great moral force to its enforcement, and to inspire our profession with general respect and strict observance of it.

Resolved, That Prof. Bell be invited to deliver a valedictory address to this society before his departure.

Resolved, That the Secretary be, and is hereby instructed to

transmit a copy of these resolutions to Prof. Bell, and also to furnish a copy to the "Western Lancet" for publication.

A. M. SLOCUM, M. D., *Rec. Sec.*

SALE OF POISONS—REGULATING THE PRACTICE OF MEDICINE AND SURGERY.

We have received copies of two bills, introduced by Dr. Vattier, Senator from this district, one of which is designed to guard the sale of poisons, and the other to regulate the practice of medicine and surgery.

The bill regulating the sale of poisons, contains the following provisions:

Sec. 2. That every apothecary, druggist, or other person who shall sell or give away, except upon the prescription of a physician, any article or articles of medicine belonging to the class usually known as poisons, shall be required:

1st. To register in a book kept for that purpose, the name, age, sex, and color of the person obtaining such poison.

2d. The quantity sold.

3d. The purpose for which it is required.

4th. The day and date on which it was obtained.

5th. The name and place of abode of the person for whom the article is intended.

6th. To carefully mark the word "poison" upon the label or wrapper of each package.

7th. To neither sell or give away any article of poison to minors of either sex.

Sec. 3. That no apothecary, druggist, or other person, shall be permitted to sell or give away any quantity of arsenic less than one pound, without first mixing either soot or indigo therewith, in the proportion of one ounce of soot or half an ounce of indigo, to the pound of arsenic.

This bill contains highly important provisions, and we hope it may become a law. It is well known that too much negligence has existed in regard to the sale of poisons, and it is obviously the duty of the legislature to pass laws which shall protect the community from the murderous designs of the wicked, or the culpable negligence of the careless.

In regard to the bill regulating the practice of medicine and surgery, different opinions will doubtless be formed. It provides that a Board of Censors shall be appointed by the State Medical

Society, for the examination of candidates for the practice of medicine and surgery, and that they shall not admit to examination, nor grant a permit to practice, to any person who shall not have first exhibited to the Board a diploma from some regularly chartered institution of this state, or a diploma license granted by some other state or country, together with sufficient evidence of good moral character. The bill contains, also, the necessary provisions for punishing those who attempt to practice without having obtained the permit from the Board of Censors.

We have always entertained the opinion that the practice of medicine should be regulated by stringent statutes. It is notorious that even intelligent persons are easily deceived by the specious pretentions and false statements of designing quacks; and as there is no *test* by which the public can judge of the qualifications of a practitioner, except that of the diploma or license which he may possess, it seems evident that some such evidence of qualification should be required by law.

The bill before us contemplates that no one shall be admitted to examination without having first exhibited a diploma. This we regard as a salutary provision. It will *compel* those seeking admission into the profession to obtain a degree, while that degree, if unworthily bestowed (as sometimes happens) will not shield its possessor. Thus there will be a double safeguard, designed to protect the community from the depredations of unprincipled and unqualified practitioners. We do not know what may be the fate of this bill, but if the legislators consult the true interests of their constituents, rather than the prejudices of a few reckless persons, we think they will not hesitate to pass the bill; but in any event Dr. Vattier deserves the thanks of the profession, no less than of the whole community, for the firm stand he has taken to promote their interests.

CORRECTION.

Editors of Western Lancet:—In the report of proceedings of the Medico Chirurgical Society, published in the March number of your Journal, I find that an error has occurred in reference to a case of abortion reported by me. The correct statetement is briefly this.

I was hastily called to see a lady, and on arriving at the house, I found that she had lost a fœtus of two months utro-gestation, without any hemorrhage. No placenta had been expelled, that could be ascertained. On examination per vaginam, neither placenta or cord could be detected, the os uteri nearly closed, and not dilatable sufficient for exploration of the cavity of the uterus. Neither pain, hemorrhage, or lochial discharge followed. In six or eight days she got up and went about the house; on the evening of the thirteenth day after the loss of the fœtus, she was suddenly seized with alarming hemorrhage, attended with some uterine pain. When I arrived she was almost pulseless. I placed her head and superior extremities low, and gave brandy. Upon introducing the finger into the vagina, I found the os uteri capable of admitting the point of the finger, and nothing more. The tampon was introduced, cold cloths applied to the vulva and over the uterine region, a bandage tightly round the abdomen, and two grains of acetate of lead and one-fourth of a grain of opium administered, with a temporary suspension of the discharges and revival of the patient. In a short time retching, vomiting and flooding returned, with the expulsion of the tampon. The tampon was again introduced, and ergot and brandy given, and the hemorrhage ceased. She had some pain through the night, and on examining her next day found a substance occupying the mouth of the uterus and extending into its cavity, which I succeeded in bringing away with my finger. This was beyond doubt the placenta, and it was not in the least decomposed. The lochial discharge came on, and the patient recovered rapidly. I have no doubt but that the placenta was firmly attached to the uterus during the time it remained, thirteen and a half days. Could any more judicious plan of treatment have been adopted? Would it have been proper to have used force in dilating the os uteri, and detaching the placenta? My own opinion is, that the amount of effort necessary to accomplish this would have been entirely unjustifiable. Very respectfully,

P. S. CONNER, M. D.

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PART I.

ORIGINAL COMMUNICATIONS.

ART. I.—*Remarks on Strangulated and Reducible Hernia.* By ALDEN MARCH, M. D., Professor of Surgery in the Albany Medical College, N. Y.

MESSRS. GEO. HAYWARD, J. MASON WARREN and S. PARKMAN, *Committee on the Radical cure of Reducible Hernia.*

Gentlemen—In answer to your circular letter received some months since, I beg leave to present for your consideration, the following statistics and remarks on the results of the operation for Strangulated Hernia, as well as the results of a few attempts to cure Reducible Hernia by an operation. I am aware the matter which I am about to communicate is not a strict answer to the interrogatories which you propose; and yet I trust you will deem the subject so intimately connected with the object of your inquiry, and of sufficient interest to the medical public, to enlist your favorable notice. I cannot now state how many times I have operated for strangulated hernia, during a professional practice of thirty-one years. In this communication I have taken no account of the cases that have terminated fatally, as that does not appear to be the object of your inquiry; nor does it embrace all the cases that have recovered after an operation.

With a view to obtain specific information on the subject of my inquiry, I caused the following circular letter to be sent to patients operated on, and to the attending physician, where

the parties resided out of the city; and to the most of which I have received prompt and satisfactory replies.

"*Dear Sir*—Will you have the goodness to return a speedy answer to the following questions, as I desire to use the information so communicated for the good of the public.

1st. How long were you afflicted with Hernia, or Rupture before I operated upon you?

2d. How long before the operation had you suffered *severe pain* and *obstruction* of the bowels?

3d. How long after the operation were you confined to the bed, and how long was the wound in healing?

4th. Since you recovered from the operation have you worn a Truss, or used any other means to prevent a recurrence of the rupture?

5th. Has the rupture ever appeared again, and if so, how long after the operation?

By returning an *early* reply to the above, you will greatly oblige Yours &c., ALDEN MARCH."

CASE I.

Peter McEwen of New Scotland, aged about 40 years, was operated on, January 4th, 1838, for strangulated inguinal hernia. In answer to the inquiries of the circular letter, I have received the following reply from Dr. L. G. Warren, the attending physician.

"1st. Had been troubled with hernia six years.

2d. Had suffered with severe symptoms of strangulation about thirty-six hours before the operation.

3d. Was confined to the bed two weeks, and the wound was healed in eight weeks.

4th. Wore a truss while at work for safety.

5th. The hernia never appeared after the operation."

In a personal interview with the Doctor, he informed me that the patient died about two years after the operation of consumption; and that from personal observation, and inquiry of the patient's friends, he considered the operation to have resulted in a radical cure.

CASE II.

Operated on Mrs. Catherine McHarg of Bethlehem, aged 66 years, for strangulated femoral hernia, June 12th 1844. She was subsequently placed under the care of Dr. Bullock.

"1st. The hernia had existed thirteen years.

2d. It was more or less painful, but symptoms of strangu-

lation had been well marked only for twenty-four or thirty-six hours before the operation.

3d. Was confined to the bed six weeks after the operation, and in that time the wound was entirely healed.

4th. Could not use a truss, but wore a home-made pad, and occasionally wears one now.

5th. By over exertion the rupture broke loose again in October after the operation, and still protrudes."

Mrs. McHarg is now over seventy years of age, and is enjoying good health.

CASE III.

Operated on Miss Judith Hilton of Bethlehem, about 60 years of age, for incarcerated or strangulated femoral hernia, Feb. 20th, 1845; she was subsequently placed under the care of Dr. L. G. Warren, who gives the following reply to my interrogatory letter.

"1st. Had been troubled with hernia two years before the operation.

2d. Had suffered severe pain and vomiting and obstruction of the bowels for many days before the operation.

3d. Was confined to the bed two weeks, and the wound healed in six.

4th. Has worn a truss only to prevent its return.

5th. The hernia appeared about four months after the operation, since which she has worn a truss."

Miss Hilton is yet living; and whether her case can be considered a radical cure or not, is only to be tested by the discontinuance of the use of the truss.

My experience, however, in the use of the truss to prevent the protrusion of a reducible *femoral hernia*, is such as to incline me to believe that the non-appearance of the hernia in this case is more to be attributed to the result of the operation than to the use of the truss.

CASE IV.

Sept. 12th 1845, operated on Wm. S. Walker of Albany, aged 40 years, for stangulated inguinal hernia. He was subsequently attended by myself.

1st. Had been troubled with hernia since he was sixteen years of age.

2d. Had suffered severe pain and obstruction of the bowels thirty-six hours before the operation.

3d. Was not confined to the bed more than a week, and in

the course of ten or twelve days the wound was entirely healed; in two weeks visited New York.

4th. Has worn a truss most of the time since, but when left off, experiences no symptoms of a return of the rupture.

5th. The rupture has never been down since the operation, and on the whole he considered himself radically cured."

In this case the testes had never descended into the scrotum. It was found situated in the inguinal canal at the external ring, where it was left and a suture passed through the sac below it, and deep at the external ring. I think I can safely pronounce this a case of radical cure.

CASE V.

Dec. 31st 1847, operated on Wm. Alexander of Lansingburgh, about 37 years of age, for strangulated inguinal hernia. He was under the subsequent care of C. V. W. Burton, M. D., from whom, in substance, I obtained the following reply to my inquiries.

"1st. Had worn a truss fifteen years before the operation.

2d. Had suffered more or less pain for ten days, and very severe from Sunday until after the operation on Friday following.

3d. Was confined to the bed one week, and the wound was four weeks in healing.

4th. Has worn a truss since, but thinks he could get along without it, were he not afraid the rupture would come on again.

5th. It has never appeared since the operation."

In this case also, the testes was found in the lower part of the inguinal canal, and partly projecting on the iliac side of the external ring, where it was suffered to remain after the reduction of the intestine, and a suture applied as in case No. 4. Can this be considered a radical cure?

CASE VI.

Dec. 5th 1849, operated on Wm. B. Scott of Albany, 38 years of age, for strangulated inguinal hernia.

"1st. The hernia had existed for twenty-five years, and for most of that time had worn a truss.

2d. Had symptoms of strangulation about twelve hours before the operation.

3d. Was confined to the bed two weeks, and in three the wound was entirely healed.

4th. Has worn a truss since his recovery from the operation.

5th. The hernia has never reappeared since; although the truss is not worn nights, and has been left off occasionally for a day or two at a time."

Mr. Scott thinks himself radically cured, and yet from the exposure incident to his business, he deemed it prudent to continue the use of the truss.

CASE VII.

July 19th 1850, operated on Barney Smith of Albany, 38 years of age, for strangulated inguinal hernia.

"1st. Has had inguinal hernia since he was six years of age.

2d. Symptoms of strangulation had existed for twenty-four hours; and for twelve hours had vomited.

3d. Was confined to the bed sixteen days, and the wound healed in four weeks.

4th. Has worn a truss ever since the operation.

5th. The hernia has never appeared since. He feels strong and is able to lift and exercise with great freedom, and has felt no symptoms of a return of the hernia. He considers himself cured, and yet does not wish to dispense with the use of the truss."

CASE VIII.

Nov. 11th 1850, operated on Mrs. Margaret Smith of Fort Plain, aged 33 years, for strangulated femoral hernia.

"1st. Did not discover any enlargement or tumor in the groin until about three days before the operation.

2d. Two days before the operation suffered a great deal of pain, followed by frequent vomiting and obstruction of the bowels.

3d. Was confined to the bed two, and the wound entirely healed in four weeks.

4th. Has not worn a truss, or used any other means to prevent a recurrence of the rupture.

5th. The hernia has never reappeared.

Mrs. Smith was four or five months advanced in pregnancy—passed through the full period of gestation, and suffered no inconvenience from the operation in her confinement. I consider this a well marked case of radical cure. Her mother died from strangulated hernia, without any attempt to save her life by an operation.

CASE IX.

A son of Mrs. Sekutt of Schodack, 8 years of age, was operated on for strangulated inguinal hernia Nov. 23d 1850, and placed under the care of Dr. Squires for subsequent treatment. From the mother I have received the following reply to my questions.

"1st. Had been afflicted with hernia from infancy. First discovered when about ten months old.

2d. Had suffered some pain and obstruction of the bowels for two days and a half before the operation.

3d. Was confined to the bed ten or twelve days, and the wound healed in two weeks.

4th. Has never worn a truss since.

5th. The hernia has appeared once since the operation; I think about four months after; but from appearances now, I think him well."

The date of Mrs. Sekutt's letter in answer to my inquiries is Feb. 12th 1852, nearly fifteen months after the operation. I shall take the liberty of adding this to the list of radical cures.

CASE X.

Mrs. Murray, aged 45 years, was operated on for strangulated femoral hernia, Dec. 25th, 1850, and was subsequently treated by myself.

"1st. Had been troubled with hernia some years; but could not say how many.

2d. The symptoms of strangulation were manifest for two or three days before the operation.

3d. Was confined to the bed two, and in a little over three weeks the wound entirely healed.

4th. Has never worn a truss.

5th. Thinks herself perfectly well."

And yet on a personal examination, I find a portion of intestine comes down now when she is on her feet; it gives her no pain however, nor does she seem to suffer any inconvenience from it. She vomited after the operation, for two or three days—was in a miserably cold damp cellar, and poorly nursed; and on the whole, it was wonderful that she should have recovered at all.

CASE XI.

Operated on Mrs. Hubbard of Albany, aged 48 years, for strangulated femoral hernia, on the 26th of December, 1850.

"1st. Had been troubled with hernia eighteen years.

2d. Symptoms of incarceration, in a moderate degree, had existed ten days before the operation, had experienced more or less pain and obstruction of the bowels, eructations of air, and moderate nausea of stomach during most of that period.

3d. Was confined to the bed about three weeks, and in four weeks the wound was entirely healed.

4th. Has used a truss ever since the operation.

5th. When the truss is not worn the hernia comes down, which is thought, by the patient, to be produced in part by a bad "*prolapsus uteri.*"

In the following cases I attempted to effect a radical cure of reducible hernia by puncture and injection; in three of the cases with oil of cloves, and in one with tinct. of cantharides.

The object which I hoped to attain by the operation, was adhesion of the walls of the sac at the external abdominal ring; and the means employed were a happy combination of a small silver syringe and a trochar; or in other words, a style was fixed in the extremity of the pipe of the syringe, sharp and projecting, with an aperture on each side of it at the base. The syringe would hold from one to two drachms; and I think I injected a little more than half a drachm in each instance of the trial.

CASE I.

Henry Lowe, an inmate of the Albany Alms House, had large double reducible inguinal hernia. On the 18th of Sept. 1845, I injected the oil of cloves on one side, and on the 19th operated in the same manner on the other side, which resulted in some effusion and tumefaction at the external abdominal ring. I attempted to keep the patient confined to his bed and wear a truss, but found him unmanageable, and as he refused to submit to another operation, it failed to afford any permanent relief.

CASE II.

Vincent De Houleurs, a tenant of the Alms House, had a large reducible inguinal hernia, upon which I performed the same operation as in case No. 1, except that I injected tinct. of cantharides. The result was similar to that injected with oil of cloves. No bad consequences followed the operation; and whether a radical cure could have been effected by a repetition of the operation, I am not prepared to say.

CASE III.

Operated on John Bremen, Oct. 25th, 1845, as in case No. 1, with a view to produce a radical cure of a reducible inguinal hernia. It seemed to afford relief for a while, but did not result in a permanent cure.

CASE IV.

Mr. G. B., of Guilderland, placed himself under my care for radical cure of an inguinal hernia. In this case the patient came to the city and I had him perfectly under my control. I operated by injecting the oil of cloves, Feb. 23d, 1847, and again on the 5th of March following, with relief, but did not produce a radical cure.

Out of the eleven reported cases of operation for strangulated hernia, I think it will appear very probable, that eight have resulted in a radical cure. But admit that two of three were doubtful, indeed so doubtful as to class them with the three, where we know the hernia reappeared, and we have more than fifty per cent of radical cure. And I attribute in no small degree, the success of a radical cure, to the suture which I generally apply by dipping deep the needle at the upper part of the wound and through the neck of the sac.

If I should live, and my surgical practice continue to be as extensive for the next ten, as it has been for the past ten years, I think I should be able to give more accurate and extensive statistics on this important and interesting subject.

I wish to make an inquiry as to the effect on the tissues of the part, long occupied by the pad of a truss. Have you observed that absorption of the adipose tissue, or the adeps itself has been pretty uniformly the result of the long continued use of the truss, so as to produce an indentation corresponding in size and shape to the pad of the instrument? I have frequently observed it myself; and why such an effect should be produced in this and some other parts; as for instance in the case of the lady who wears elastics upon her limbs, by which a circular indentation is produced, and *not* in other situations where pressure is made, as upon the side of the foot in Talipes varus—or over the external malleolar process of the tailor as he sits on the bench—and as on his thumb and little finger in the constant use of the shears, etc., where the skin *as* uniformly becomes *thickened*, I cannot tell: nor am I able to give even a plausible solution of the physiological, or pathological result. If the truss produces when long worn, absorption of the tissues between the true skin and the tendinous

ring and canal of oblique inguinal hernia, does it operate favorably or unfavorably towards effecting a radical cure? This inquiry might be carried much farther, but I think the above hints may lead to a thorough investigation of the subject, by some one more competent to follow it out than myself.

Perhaps you will find this paper altogether too elaborate, and too much in detail for your purposes; if so, you can give a synopsis or abstract of it, present the cases in a tabular form—or if unfitted for the object of your inquiry, cast it under your table, or commit it to the flames.

ART. II.—*An Address delivered to the Graduates of the Medical College of Ohio, March 1st* 1852., by JOHN P. FOOTE, ESQ., President of the Board of Trustees.

GENTLEMEN, GRADUATES: The honors of this Institution have now been conferred upon you, and as we are assured by your instructors, that they are worthily bestowed, we have a right to indulge a confident hope that your future career will confer honor upon this Institution.

We trust that your going forth into the world to practice the noble profession you have chosen, will be for the benefit of your fellow men; and, that it may be so, your firm determination will be, to be governed by the truths you have here been taught, and those which the progress of scientific discovery may hereafter reveal; and that you will be careful to be governed by *established* truths alone. For the lives and health of those who confide themselves to your care, constitute too serious a trust—too heavy a responsibility—to be treated lightly or exposed to the hazards of empirical treatment.

In the discharge of your professional duties, which include, besides attention to the sick, constant endeavors to increase your knowledge, as well as to communicate to your professional brethren, any useful discovery or observation in your power, your belief will frequently be challenged for errors and falsehoods; and your faithfulness to your duties will be manifested by the careful and rigid examination of every matter affecting your professional practice to which you may be called to give the sanction of your belief.

The faculty of intelligent* belief is among the highest of

*By intelligent belief I mean the assent which we give to truths of which we acquire a knowledge by observation, and the exercise of reason and judgment, as distinguished from the spontaneous belief we yield to parents and instructors.

human endowments, and, like all other high endowments, its perversion is evil and mischievous in proportion to its usefulness when duly exercised. Its proper use is the most powerful aid to human progress, its abuse the most potent agent in human degradation. Belief is unintelligent if adopted without sufficient evidence, and to yield it at the dictum of another, or in mere imitation of others to avoid the labor of thought—to adopt it without duly weighing and impartially considering all the reasons for adoption or rejection, is a disgraceful offering of the neck to a heavy and oppressive yoke.

The proper use of this faculty is necessary to the success of any great or good undertaking, its perversion is always followed by social and political evils of greater or less magnitude in proportion to the case. This perversion, which in the form of skepticism is displayed in doubting the probable, is, in most of such cases, displayed also in the ready belief of the improbable, and you will generally find those who doubt or reject established truths ready to believe the most absurd falsehoods. Those who doubt the deductions in medical science by men of strong minds—of good judgment—who have devoted their highest powers and faculties to the vestigation of the subjects of which they treat, will invariably be found to be believers in the wild vagaries of men whose imaginations are powerful, and whose judgments are weak.

The belief in German *diablerie*, and in New England and Old England witchcraft, we have (most of us) formerly supposed to have been extinguished by the progress of knowledge and the enlightenment of the people. But we have now, in our own day, and in our own city displays of the perversion of the faculty of belief, more absurd and ridiculous than those which have been themes of reproach and ridicule of our forefathers; and which, by a comparison of our wisdom and knowledge with theirs, have served as themes of self-glorification, and as sustenance to the pride of superiority, which we have assumed. For the manifestations of evil spirits in the early periods of our history were not so ridiculous and so insulting to our understandings, as the silly manifestations through silly (tho' cunning) mediums of the foolish spirits of our own times. And the quackeries of former times did not so impudently set at nought the deductions of our reason, and require us to give up the guidance of our senses and of our common sense, as those in which we are now so insultingly asked to believe, and in favor of which we are required to

abandon the principles, and the deductions therefrom, of the wise and judicious.

I have said that you ought to be governed in your practice by *established* truths alone. Few will be willing to contend, in terms, against this advice; but there are wide differences of opinion respecting the nature and amount of evidence necessary to establish a truth. In most cases of quackery, details of cases of the successful operations of certain medicines, or what is termed experience, is chiefly relied on for this purpose; but very few people can communicate their experience so correctly as to enable us to yield our belief to the inferences which partisans of particular theories imagine must follow from their statement. In order to know whether two events are connected as cause and effect, it is necessary to know something more than that one succeeded the other. The countryman who believed that the Goodwin sands were caused by the building of Tenterden steeple, because the sands were first noticed a short time after the steeple was built, did not exhibit a stronger case of unintelligent belief than is exhibited by those who believe that infinitessimal doses of medicine have produced, or can produce, any physical effect whatever in the cure of physical diseases.

I have, however, been informed by some of my friends who are upholders of homœopathy that this portion of it (the infinitessimal) is abandoned, and that now the maxim *similia similibus curantur* is the sole foundation of homœopathic practice; but this instead of merely relieving the delusion from half its folly, only renders it more dangerous in practice. It is scarcely less absurd to believe that gout, rheumatism, dropsy, and various other diseases can be cured by medicines that would produce these diseases in a healthy subject, than to believe that an infinitessimal portion of any medicine could produce an appreciable effect in any case. An eminent medical writer remarks that the natural termination of many (I believe he says most) diseases is in health—in others death. Now the urging of a disease of the former class to its natural termination by the *similia similibus* may, if the system possesses strength sufficient, be successful; but in cases of a disease of the latter class it would be manslaughter, unless the patient was protected by the infinitessimal practice.

But it is not only a professional, it is also a political duty to oppose quackery in all its forms. In the two countries where the greatest amount of social and political freedom is enjoyed, the United States and England, there is nothing to

check its tampering with the lives and health of the people but public opinion, the weakness and frequent perversion of which are such that its guardianship is of little value. Under the despotic governments of Europe, the traffic in medicines is subjected to a rigid supervision by men eminent for their attainments in medical science, who are empowered and required, to prohibit the sale of improper medicines: and no person is allowed to assume the duties of a physician or surgeon who has not devoted so much time and labor to the acquisition of the knowledge necessary to qualify him for his profession, as to obtain the sanction of such men to his qualifications. A man is not there allowed to consider himself a physician by buying a pamphlet issued by a man who cannot spell words in the English language, and something called No. 6 (with other numbers) and practice upon the lives and health of his fellow citizens, by what he calls the Thompsonian system. The (so called) paternal care of arbitrary governments, their precautions, for guarding the subject against the depredations, the robberies and manslaughters, of unprincipled and criminal individuals, is one of the reasons which justify to themselves so great a portion of the sober, quiet, thinking people for being willing to surrender their political liberties for the superior security (as they suppose) of life, health and property, under the protection of strong, arbitrary governments.

I need not call your attention to the disgracefulness of sacrificing principle to the love of money. You are Americans, and as such, less liable than others to be exclusively influenced by this debasing passion. And although we have often been spoken of by Europeans as being specially characterized by that universal characteristic of mankind, an inordinate desire for the accumulation of wealth; and we have submitted to the imputation, chiefly for the reason that there is more of this desire among us than ought to exist among a people in our favored situation, yet our really distinctive character among nations in relation to the love of money is a greater readiness to sacrifice the pursuit of wealth to other excitements—to bestow it more freely when acquired—to be willing to part with it for good objects during life—and to be willing, if successful, to abandon its pursuit before death causes a reluctant separation. Those among us who have been distinguished by contrary characteristics have generally been foreigners by birth and early education. Such were our McDonoughs, Girards, Astors and most of those who have

devoted long lives to the increase of enormous wealth without being satisfied by any amount of accumulation. Our Wm. Woodward,* our Stephen Van Rensselaer, our Perkinses, our Lawrences, and I believe, all others who have been distinguished by the bestowal of a considerable portion of their wealth during their life time for benevolent and patriotic purposes have been Americans. Our successful quacks have been mostly, if not exclusively, foreigners. Few Americans can assume the impudence necessary to successful quackery. (This arises from that extraordinary sensitiveness to reputation which has been so long and so frequently a theme for the sneers and ridicule of English writers, and for which they think us remarkably thin-skinned.)

We have, however, plenty of material among us for quacks to operate upon, plenty of weak, foggy heads that are easily blown about by every wind of doctrine; it is therefore, not only a professional and political, but also a social duty to oppose their depredations on society in all their forms. In that of Homœopathy it is now gradually becoming extinct; and that Caliban-like monster begotten by fancy on credulity, will probably hereafter be ranked among those fossil remains of the human intellect which will excite the wonder and admiration of future psychologists and philosophers. But that some other monstrous absurdity will be raised up to reign in its stead we have reason to expect from the past history of popular delusions as connected with medical hypotheses. The demons have not all been driven from the Hartz forests, nor the witches from the swamps of New England. They are still able with the aid of men whom much learning, with little knowledge, has made mad, and of men governed by no motive but the love of money, to get up such conjurations and enchantments as generate those fogs and exhalations from Tophet which disease the mind, and spread moral and intellectual epidemic throughout our country, like those under which we are now suffering. They are still able by their "arts, their

*This gentleman, a hard-working farmer in the neighborhood of Cincinnati, finding himself becoming rich by the approach of the city toward his farm, made a donation of a portion of it to an institution for the gratuitous education of poor children. The common school system of Ohio, adopted several years afterward, rendering this unnecessary, the institution was afterward made the Wooodward High School and College. Mr. Woodward did not, like Girard, wait till death took his property out of his hands, but he placed it himself, in the hands of trustees, and lived long enough to see the operation of his bounty, to give his advice to the trustees and also to make additional donations to the institution. The endowment is six or seven thousand dollars per annum and will be largely increased hereafter.

conjuration and their mighty magic" to raise up hosts of deceivers; and they will retain that power so long as men are willing to pay liberally for being deceived.

The desire to be deceived supernaturally is almost universal, and in persons who have allowed fancy and imagination to subdue reason and judgment, is overpowering. The extraordinary prevalence of this characteristic of perverted belief, may in a great measure be attributed to the extraordinary disproportion of works of imagination published and sold among us, to those of sound literature and science. Persons who have cultivated fancy and neglected judgment, like to be cured of their diseases mysteriously; they require occult remedies, and must be able to attribute to them some fanciful or unintelligible mode of operation. Medical treatment based upon principles that sensible persons can comprehend and which does not involve the expectation or belief of any unknown or mysterious agency, is as contrary to their ideas of medical skill, as Garrick's performance was contrary to Partridge's ideas of good acting, because it was just as any man off the stage would act in similar circumstances. Lovers of the marvelous and supernatural cannot comprehend (any more than others) the mystery of infinitessimal remedies and consequently are edified and converted to the Homœopathic faith by their mysterious and unintelligible influences.

The progress of modern civilization as well as the improvement of medical science, has been greatly aided by the cultivation of the natural sciences; and to your profession the world is chiefly indebted for the immense treasures of knowledge brought to light from the different kingdoms of nature. And modern chemistry too, which has become almost as potent in enchantment as the old alchemists expected to make their occult science, is the child of the medical profession. And although these sciences are now (thanks to the spread of the love of knowledge) extensively cultivated beyond the bounds of the profession, yet they are so generally considered as being within the special province of the physician, that the title of Doctor is frequently conferred by the public voice upon such as devote extraordinary attention to their cultivation without waiting for a formal grant of the title by a learned body.

You, gentlemen, can hardly be aware of the progress toward a correct appreciation of the value of the natural sciences by the public generally, which has been made during the last half century. Thirty years ago one of the most distinguished

physicians of our city then, and of our country now, was held up to ridicule in one of our newspapers for devoting a portion of his attention to the natural sciences, being spoken of as a bug-collector, a weed-gatherer or some similar sneering term, I do not recollect the particular phrases used. In looking over, lately, some of our periodicals published several years subsequent to that time, I noticed some recommendations to the study of natural history which to most readers of the present day would appear about as necessary and important as the information given by one of our orators to a literary society he was addressing, and who gravely informed them that Addison was considered a chaste and correct writer of the English language, and that Dr. Johnson was an eminent moralist, with various other equally novel and profound remarks on English literature. But, strange as it may now appear to you, it has been necessary within a much shorter period than you would imagine, knowing the estimation in which they are now held, to protect the cultivators of natural science from popular ridicule; and it has been fortunate for the world that the sacred shield of the medical profession has been to them a defence, and that they have thriven under its protection.

And they will well repay all the care bestowed upon, and all the protection granted to them; for of nothing claiming the attention of mankind can the combination of the *utile dulci* be more surely predicated. They lighten your labors and relieve the weariness of a profession whose duties have no intermission; they amuse your leisure, and at the same time render it profitable. But I must not imitate the orator of whom I have just spoken.

The changes in public opinion respecting other matters connected with the medical, the natural and physical sciences, have been very great since the commencement of the present century. In the early part of it the atheists and skeptics believed that the natural and physical sciences were about to be such powerful auxiliaries to their cause, that through their aid it would soon be triumphant. And Laplace whose greatness in the mathmatical and physical sciences was only equalled by his littleness out of them,* and Lamarque of whom Hugh Miller says "he was in the habit of dreaming awake and calling his dreams philosophy," and Lawrence whose anatomical knowledge was by his audacious self-conceit deprived of

*Bonaparte said of him, Il n'avait que des idees problematique and portait au fin l'esprit des *infiniments petits* dans l'administration. He had tried to make him a statesman and failed as signally as he did at Waterloo.

the influence which such knowledge should exert on an intelligent mind, and a great number of other and lesser *ignis fatuus* luminaries, were hailed as leaders of a host that were expected to batter down the bulwarks of Christianity. But their failure was complete and mortifying, for the atheists have been and are still being, taught that the sciences, when rightly understood, instead of being their auxiliaries, are to them powerful opponents, and that naturalists and physicians are efficient "defenders of the faith."

And they must ever continue to be its defenders, for they must be continually searching out and bringing to light gems of knowledge, and truths which will approve themselves to be emanations from the great fountain of truth. If they can not entirely overcome and destroy the superstition and follies of society, if they cannot entirely extirpate the lying spirits which made war upon Christianity during a former generation under the title of *Esprits forts* (strong minds) or those of the present generation, which may be denominated *Esprits sottes* (silly spirits), they must necessarily keep them within narrower bounds by exposing their absurdities to all who choose to open their eyes to the view of them. A great number will indeed always *prefer to keep their eyes shut, in order to indulge in dreams* which are more pleasing to their diseased minds than the sober realities of truth and reason. In relation to these we can only guard others from the mischiefs of their influence.

The atheistic *esprits forts*, of which we have spoken, at one period acquired such an ascendancy in France that they succeeded in accomplishing there, what they have ever been endeavoring to do throughout the world. France abolished Christianity, and theworship of Moloch became the national religion. She deified Napoleon! and what is she now? After sacrificing myriads of her best and bravest sons at the shrine of the bloody idol, and raising a countless host of evil spirits around the magic circle of her territories, she found that the incantations of her sorcerers were not powerful enough to control them; and twice—from Moscow and from Waterloo—they broke through the charmed ring carrying defilement and devastation through the land, and leaving only the scorpion sting of humbled glory as the reward of all those human sacrifices which she had made to false gods. Napoleon had been deified, but although the idol was thrown down, its altars were not broken up and destroyed. They have been again repaired, and fresh hetacombs of human victims offered

upon them, together with the fruits of the labors and sufferings of the people; and she who proclaimed as her fundamental principle—everything for glory—is now a by-word and a prvoerb, a scorn, a hissing and reproach among the nations of the earth—more contemptible in her fall than fearful in her triumphs.

This dreadful example of the moral evils which flow from the perversion of the faculty of belief has been upon a scale sufficiently extensive to attract the attention of all mankind: but the lesson it inculcates is not for the instruction of rulers and statesmen alone. When the subjects of "the most Christian King," "of His most Catholic Majesty" of the "Defender of the Faith" and other similar mockeries of their common sense, joined joyfully in the Te Deums—the public thanksgivings by which they celebrated the slaughter of thousands of their fellow beings, they did not reflect that the temples in which these celebrations took place were dedicated, and the thanksgivings addressed, to Him whose laws are "love your neighbor as yourself," "love your enemies," "return good for evil," "blessed are the merciful," "blessed are the peacemakers." They did not exercise an intelligent belief in the religion they professed, and which claimed for its author Him who gave his disciples these and other similar precepts by which to govern their actions, and who, with his immediate followers gave us examples of suffering every evil of life, and finally death itself rather than transgress that universal law of love on which depends the happiness of mankind. If the *subjects* had believed and reflected, the rulers could not have sacrificed them so wantonly. And when by their participation in, or sacreligious approval of deeds of blood and desolation, they invoked the curse of God upon themselves and their children, the curse which fell upon them so heavily, in the form of tyranical rulers, they endeavored to avert that curse by cutting off the heads of tyrants instead of cutting off the heads of those vices which breed tyrants; but they failed, as all must fail of gaining any increase of happiness to themselves, who set at naught the command to love your neighbor, and who abandon the worship of God for hero-worship.

The general who leads armies to ravage, burn and destroy the fruits of the labors of his fellow-men—to maim, wound and kill thousands and tens of thousands of human beings possessed of the same faculties, and with the same desires for the enjoyment of life as himself, is flattered and caressed, his

name is shouted by the multitude, and his deeds swell and debase the records of history. The surgeon who follows in his train, to bind up the wounds and mitigate as far as practicable, the evils which the warrior has inflicted, is a humble, unknown, unnoticed individual, as well among the multitudes who shout hosannas to the conqueror, as to the historian who records his deeds. But there will come a day when the actions of men will be estimated by a different standard from that which governs the shouts of the multitude.

When Christ shall declare from his judgment seat, "inasmuch as ye did it, or did it not, unto one of these, ye did it, or did it not, unto me," will the victorious general with his laurels and his fame, or the humble surgeon who bound up the wounds he caused, be made most happy by this announcement?

The paramount—the unceasing aim of the true physician—the object of his ambition—should be, to be a benefactor of mankind: and this should never yield to any temptation to become anything else, for there is nothing so worthy of his cares and labors, and nothing more sure of the approbation of his Father in heaven. Trusting that this will be your object, we bid you God-speed and invoke upon your heads the blessing of him "from whom cometh every good and perfect gift," praying that you may be guided through paths of peace to the enjoyment of everlasting happiness.

ART. III.—*An Essay on Milk Sickness, read before the Western Medical Society of Wayne County, Indiana, at its Annual Meeting held in Cambridge City, June 2, 1851.* By WILLIAM DICKEY, M. D.

Gentlemen—I have selected for my subject on the present occasion, that of Milk Sickness, or Animal Poison. Soon after the organization of our Society, several members seemed desirous that the subject should be fully discussed. In order to bring the subject before you, a member was appointed to write and read an essay for your consideration. That gentleman, (like all things terrestrial) failed; consequently the subject was not discussed, and has since gone into forgetfulness.

I have not made choice of this subject, with the belief that I can enlighten your minds by clearing away all the rubbish

that surrounds the disease and clouds it in mystery; but on the contrary, my object will be accomplished when the subject in its mystic form is before you and your energies enlisted to a discussion of its merits.

I have called this disease Milk Sickness, from which you will infer that it is a disease produced in man by the milk of cows that contains a poison; and an additional source is, by eating the flesh of animals that have been previously affected, consequently its name Animal poison.

Animals have been known from the first settlement of this country, to be affected by a peculiar disease called the "trembles." Graminivorans first contract it, and carnivorous animals feeding upon their flesh, are affected with what are usually termed the "slows." Dogs are unable to attend to the callings of their masters, buzzards cannot fly, and all animals that eat of the dead carcasses are more or less affected.

The disease is known by the animals trembling upon exertion. Whilst at rest, in many instances, no manisfestations of its presence can be observed. It is no uncommon occurrence for an animal to drop down dead after being driven to the distance of four or five miles, that presented no marks of disease prior to the travel. Immoderate exercise is not, however, a prerequisite to the manifestations of the disease. They will tremble while in their ordinary exercise of grazing, and die without the heat of labor. Calves will eject their milk, and hogs throw up their food. These are the common symptoms by which the disease is known in the animal, until a post mortem examination reveals the following phenomena. The stomach and intestines are inflamed, the whole mucus coat is measurably destroyed, and the entire coats in some parts are gangrenous; they are dark, or I might say, of a black color; this dark color is not a mere congestion; the coats are not firm; they are easily broken down. In the ventriculus or paunch, and indeed throughout the whole channel of the intestines, is found a substance conglomerated, and resembling in appearance balls of cemented saw-dust. Some of them are perfectly adherent to the gut, whilst others are loose, and they are quite dissimilar in shape. So far as I am acquainted with ths emeiology of the diseases of animals and their morbid appearances after death, there is no disease analogous to the one under consideration. The diagnosis is easy. Besides the signs already given, its prevalence in some localities and not in others, is evidence of its peculiarity.

A greater difficulty, however, arises in view of its cause. It originates no doubt from some specific virus; but what that poison may be, is at present involved in obscurity. Research and observations have been made, by those residing within the limits of infected districts; with conclusions quite at variance, and a result of uncertain probabilities. Some have supposed it of mineral origin, and others that it is a product of the vegetable kingdom. And a few in their imaginations have ascended into the air, and called it aerial. Among these hypotheses, the one of its vegetable origin, seems the most plausible. The fact of animals being affected with and dying of trembles, when feeding upon lands uncultivated, and grazing with impunity after the same is cultivated, is proof, or at least strong presumptive evidence, that it is vegetable. It is not at all probable that cultivation does more than to destroy the wild growth of the soil; it cannot destroy the poisonous properties of a mineral held in solution by water. Animals would be poisoned as readily after, as before cultivation. And surely there must be a peculiar kind of elective affinity between a poison floating in the atmosphere, and the soil of certain districts, provided the aerial theory be correct; for in the same section of country where animals are subject to trembles, some parts will produce the disease and others not. This has been proven by repeated experiments. Animals confined on certain small tracts of land, will contract the disease as certainly as they are compelled to subsist exclusively on the wild products of that soil; and on that immediately adjoining they have never been known to be attacked. And what is most singular, cultivation, destroys this peculiar attractive power. The poison is then wafted through the air as a harmless agent—the country is rendered alike throughout, and is no more cursed with its baneful effects.

It is assumed by some, that if this poison be a vegetable, that observations and experiments would have identified it. This labor has not, however, been assiduously wrought; consequently the conclusions are indefinite, and to ascribe it to a single class of vegetables, is a point that has not yet been verified.

In the vegetable kingdom there are many poisons, each class having an effect on organized beings peculiar to itself; but may not the combination of several produce the symptoms already detailed. Another argument in favor of the vegetable, is that carnivorous animals do not contract the

disease, only after feeding on the bodies of graminivorous animals that have died of the trembles. Water fulfils in each the same physiological purposes, and is alike demanded and taken by both. Should it be impregnated by a poison, it is presumed that there would be a similarity in effect.

Assuming it to be a fact fairly established, that animals are poisoned by some specific virus, I shall next proceed to make the inquiry, can this poison be conveyed by milk from the cow, or the flesh of animals, to the human species.

As all poisons enter the current of the circulation, and act on the system through the medium of the blood, and as that poison is generally diffused, it is to be expected that no part will escape their influence. The use of the meat of animals so poisoned, would no doubt convey the same to the human stomach, and in many instances produce disease and death. We have examples in the disease under consideration. Most cases that occur can be traced to animal origin; either to the eating of beef, or the drinking of milk. I need scarcely mention that milk is frequently the means of conveyance of extraneous substances. It is a fact that will be readily admitted. The milk and butter of cows indicate the character of their pasturage, and there are instances recorded, and no doubt they have occurred within your observations, in which medicines administered to the mother, has acted upon the child. Dunglison says, "that serious, and almost fatal narcotism was induced in the infant of a professional friend of his, by a dose of morphia administered to his wife." And those who believe like some of my professional brethren, that milk sickness is a disease that exists only in the imagination, have stood by with indifference, and seen calves tremble and die, and at the same time have glutted their own stomachs with the milk of its mother. But alas! how soon the change! The work of destruction has already commenced, they are laid prostrate with the disease, experience has wrought conviction, and observations proves its source.

This disease then is of animal origin, and like other diseases it has manifestations or signs of its peculiar morbid action. There is an initial or premonitory stage, and a period of excitement. In the former the patient is languid, when at rest there is little or no indisposition, but exertion produces trembling and a palpitation of heart—there is some degree of stiffness of limbs, torpor of bowels, and variable appetite. The duration of this stage, is quite variable; without any medicinal agents it may terminate in convalescence. It is more

likely however by over exertion, and neglecting the bowels, suffering them to remain some time constipated, to terminate in the second stage or period of excitement. In this stage obstinate constipation is almost universally present; so much so indeed, that it becomes nearly or quite a pathognomic symptom—especially, when we take into consideration the fact, that when the bowels are freely catharticised, the disease generally subsides. The temperature of the body is below its natural standard—the countenance is expressive of discontent and suffering—the heart and abdominal aorta beat with violence—while the pulsations at the wrist are nearly or quite natural. There is gastric irritabilty, with a continual disposition to retching and vomiting; the ejections are at first a white glairy matter, with the fluids and medicines that have been swallowed: as the disease advances, it becomes of a muddy brown appearance. The vomiting is so obstinate in many cases, that not a particle of medicine or fluid can be retained. There seems indeed to be an inverted peristaltic action of stomach and bowels. In the intervals of vomiting there is jactitation. The patient lies on his back, and throws himself from side to side on the bed. There is insatiable thirst, his incessant desire is cold water, to allay as he confidently expects the burning sensation of stomach which is a constant symptom. Its soothing effect is but temporary, it is soon ejected, and he urgently calls for more. The tongue is moist and but slightly coated, the breathing is slow with an occasional full inspiration; it resembles very much one under the influence of an emetic, prior to the act of emesis. There is a peculiar odor about the breath, that is characteristic of this disease, and is only known to those who have witnessed it. Throughout the whole period of its course, the intellect alone remains clear and unclouded.

As the disease advances, there is increased prostration—the extremities become of an icy coldness—a cold and clammy sweat breaks out over the body, which announces the third stage or period of collapse, when death soon closes the scene.

But little is known or understood at present in relation to its pathology. Public opinion is so averse to post mortem examinations, that we are measurably in the dark, so far as the diseased or normal condition of the different organs or tissues is concerned. I will, however, offer an opinion, that future investigations may confirm or condemn. When we take into consideration the symptoms of this disease, we are

forced to the conclusion, that there is some morbidly irritated condition, if not actual inflammation of the stomach, and other viscera of the abdomen. The dissections of animals, show that that diseased condition consists in an inflammation of the stomach and intestines; and so far as we can be permitted by a post mortem examination in the human species to rely upon the evidence of one case alone, there is the same morbid appearances. And not only of the stomach and intestines, but of the liver and other structures. In the case alluded to, the subject had, prior to his death, all the usual symptoms accompanying milk sickness. Ten hours after death, myself in company with Drs. Gove and Maulsby made, on the evening of the ninth of October, 1850, a post mortem examination. On opening the abdomen, the peritoneum was found strongly inflamed and gangrenous. The major curvature of stomach was injected of a bright pink—the lesser curvature and orifices were more pale—the contents resembled a chalk mixture intermixed with globues of oil. This was Oleum Ricini that had been swallowed during his illness. The mucus coat was much destroyed, and deprived of epithelium, there being an appearance of having suppurated throughout its whole surface. Veins were also highly injected. But little difference could be discovered between the internal surface of the duodenum and stomach. Brunner's glands were enlarged and red, but no signs of ulceration. Passing on to the jejunum we found still more evidences of severe inflammatory action. In this as well as the ileum, the mucus coat was easily separated by the finger nail, and the external surface of the latter presented a deep red appearance—the matter within was of pale red with flakes of white and green. Peyer's patches were decidedly ulcerated. The contents of the cœcum were much the same as the ileum—the coats were found to be all affected of a muddy dirty appearance; some parts slightly greenish. The large intestines contained much sulphuretted hydrogen. Colon in some parts rather pale, in others gangrenous. There was ramollissement of the substance of the liver. The border of right lobe was dark and indurated—left lobe mottled The lobus spigelii and quadratus quite normal. The gall bladder was much distended with a thick inky tenacious fluid. The spleen was enlarged, distended with grumous blood. Kidneys were healthy. Bladder normal—although the urine, at the time of examination, was somewhat dark. Mesenteric glands motley. The organs situated in the thorax were healthy, although the air cells of the lungs contained mucus, perhaps not more than would be in articulo mortis.

I wish you, gentlemen, to compare the morbid appearances as here presented, with those of the animal. You will find that the mucous coat of the stomach and intestines of each appears to suffer the greatest lesion. Although the evidences in the subject are not gleaned from many cases; yet those of the animal, are founded on numerous dissections.

I shall speak in the next place of its diagnosis. Some gentlemen think that it is one and the same disease as congestive fever. That it originates from the same cause—is the result of the action of malaria on those who are continually exposed to its influence. It must, however, be borne in mind, that there is a diversified phenomena presented in fevers, owing to the part or organ congested. The brain may be pre-disposed, and the influences of fever may cause a greater amount of blood to be congested in that organ than elsewhere, and the consequences be variable—sometimes convulsions. A case of this character I witnessed about the first of June, 1849. The patient had had a paroxysm of ague in its simple form. On the following day he was attacked with a congestive chill. The brain seemed to be the suffering organ—convulsions ensued, and thirty-six hours from the commencement of the chill he died. The intestinal mucous coat may also be congested, and diarrhœa result. Various other morbid phenomena occur in congestion, causing signs and appearances very different from those of milk sickness. In the latter disease there is a uniformity in symptoms; no matter at what season of the year it may occur, or under the most diverse or varied circumstances, there is a similarity in all the various cases. It can also be traced to animal origin, and the symptoms or signs that are set forth to designate milk sickness, do not take place in any country where the animals are not subject to the trembles. This disease is not ushered in by a cold stage, nor is there intermissions or remissions, exacerbations, head-ache and aching of loins, as is common in febrile diseases. Milk sickness bears also some analogy to gastritis. In milk sickness however, the attack is generally gradual, the patient's system is sluggish, he has in truth the slows. The nervous system seems to be the first and most prominently deranged in the chain of morbid action. In gastritis the attack as is ordinarily developed, is sudden, without any or but little premonition of its approach. In milk sickness the patient is restless, tossing himself from side to side on the bed. In gastritis he usually lies on his back, and moves himself

as little as possible. In the latter disease pressure on the epigastrium, is attended with a sense of great soreness, and an increase of pain. In the former it occasions no such uneasiness. The peculiar characteristic odor of milk sickness, distinguishes it from all other affections. Milk sickness is in general a dangerous affection. The prognosis is favorable when the peristaltic or vermicular action of the bowels are brought about, the heart and large arteries return to their natural action, and the surface and extremities assume their natural temperature. On the contrary, incessant and obstinate vomiting for several days in succession, is an unfavorable sign; for independent of the additional irritation which it causes in the already irritated and inflamed structures it contributes considerably to increase the general prostration, and prevents also both the retention of remediate and nutrient articles. The symptoms that announce the stage of collapse universally show a fatal termination of the disease.

I have now given you a summary account of the history and symptoms of this disease. In conclusion, I shall speak briefly of its treatment. If the proximate elements of this affection be inflammation, we would expect to find an efficient remedy in blood-letting. I cannot, however, speak from experience of its utility. Having practiced it in one case with salutary effects over the increased action of the heart and large arteries, I am inclined to the opinion, that if used judiciously in a strong and vigorous constitution, it may result in advantage. In general there is too great a tendency to prostration, to depend upon the indiscriminate use of this practice. It will only be the means in many instances of hastening the patient to a fatal collapse.

The first thing to be attended to when called to prescribe in a case of milk sickness, is to allay the gastric irritability and incessant vomiting. Opium is a remedy of considerable power in this respect. It should be given in full doses every hour or two, and if ejected, repeated after each paroxysm of vomiting. Blisters applied over the region of the stomach and bowels at an early period of the disease, besides their revulsive and counter-acting influence over the inflamed structures, are valuable auxiliary measures to opium in allaying the irritability of the stomach. When this is accomplished, the next and most important indication to be fulfilled, is to overcome the constipated and obstructed condition of the bowels. Here calomel stands at the head of our remedial agents. Its power

of altering the morbid condition of the liver, together with its cathartic effect, renders it well calculated to do good in this disease. It may be administered in the dose of twenty grains every three or four hours. If in the course of sixteen hours the bowels are not sufficiently evacuated, its use may be suspended and followed by oleum ricini and spts. terebinthina, repeated as occasion may require, assisted by laxative enemata. When the bowels are thus freely evacuated, in many cases but little more is demanded than mild laxatives, and an appropriate diet.

It does not, however, always terminate so favorably. Dark thick vitiated secretions pass the bowels for several days in succession, and the patient sinks gradually into the stage of collapse, unless relieved by the most powerful stimulants and tonics. And those that seem to exert the most salutary effects, are brandy administered in the form of hot toddy, and quinine. Brandy will be borne in large quantities without any perceivable injury over the existing inflammation. In this condition opium may also be employed. It may be given in large doses and repeated so as to keep up a continued impression on the system—it will be the means of allaying the irritability of the bowels, and exciting a general diaphoresis. And when employed in conjuction with small doses of calomel, the secretions will be corrected, and the inflammation arrested. Throughout the same time oleum ricini and spirits terebinthina, should be given as necessity requires, in order to remove out of the bowels the accumulated secretions.

It is the practice of some physicians in this country, to administer in this disease from sixty to one hundred grain doses of calomel, every four hours as long as the patient lives. It is unnecessary for me to say that this practice is reprehensible. You will no doubt agree with me in the opinion, that it would be far better to trust to the sanitive powers of nature, than to be killed outright by such over medication and reckless empiricism. Cold water is also interdicted, and for what good reasons I am unable to learn. Is it because the conjoined use of calomel and cold water is a dangerous practice? are the two remedies imcompatible? I believe them to be entirely compatible. The one prepares the way for the salutary effects of the other. In milk sickness there is high local excitement, the open mouths of the absorbent vessels of the stomach and intestines are closed; which as a matter of course, is unfavorable to the ready operation

of any cathartic. Cold water being a sedative, overcomes the excessive action, a consequent relaxation of those minute vessels ensue; medicines are absorbed, and an earlier catharsis produced.

During the period of convalescence, the bowels should be kept in a soluble state, and the patient should avoid every thing as nourishment that is of an indigestive character. Quantity as well as quality, is frequently the source of much mischief. The taking of a full meal is often the cause of relapse.

ART. IV.—*Medico-Chirurgical Society—March Meeting.* Reported by J. A. MURPHY, M. D.

The Society met for the first time, in its rooms in the new building of the Medical College of Ohio. In the absence of the President, Prof. Rives, one of the Vice Presidents Dr. Geo. Fries, took the chair.

Prof. J. P. Judkins read a paper on Femoral Hernia. The paper was taken up with the minute anatomy of this form of hernia; the causes pre-disposing and exciting, the radical cure, and the prevention.

The importance of a thorough understanding of the subject by every medical man, was insisted on.

One case was cited where the writer was called thirty-six hours after the strangulation of a crural hernia which had been treated for obstinate constipation. The distribution and power of the fibrous membrane which lines a large portion of the muscular walls of the abdomen was pointed out as being the tissue which prevents femoral hernia. In attenuated subjects has traced it up almost to the diaphragm. In one subject observed it thickened and opaque, forming a strong bag around the peritoneum. This membrane is elastic from the presence of yellow, elastic fibrous tissue. Its fibres may be separated by the deposition of fat cells in the interstices, rendering its power less strong. It is strengthened after the removal of fat, by the pressure of the bowels, when condensation of its fibres is produced, and a laminated appearance is presented.

This facia is involved in the anatomy of hernia generally. For the understanding of the anatomy of this form of hernia, Colles description was the best. Thinks it strange that so large an opening as the femoral ring should be left, merely

for the transmission of the lymphatic vessels, as it is seldom occupied, with a lymphatic gland. In a majority of subjects, nothing is seen but loose areolar tissue, and some fat cells, surrounding these vessels. The only wonder is, that this form of hernia is not of more frequent occurrence.

Another query presented, is that as the lymphatic vessels passing through the ring must suffer injurious pressure between the protruding parts, and the almost unyielding walls of the aperture, what effect will the prevention of development of the lymph globules have upon the system at large? Is there not reason to apprehend mischief, where we know their use and universal distribution, their destination and identity with the white blood corpuscle?

Females are more liable to this form of hernia than males. The only protection afforded to the femoral ring is the parietal layer of peritoneum, and the sub serous areolar, or cellular tissue, which together pass continuously over it. The point of stricture in femoral hernia, especially if recent, is of small size. It is opposite to the thin edge of Gimbernat's ligament, at the posterior internal margin of the ring. This is proved by the stricture being relieved by a slight incision of this part, and also by the presence of a deep impression of a crescentic form upon the neck of the sac.

Increase of the contents of the abdomen with a weakened and flabby condition of its walls, is a frequent cause of crural hernia. Has under treatment a boy nine years old, who has two small hernial tumors in the linea alba.

Difficulty exists sometimes in forming a diagnosis between femoral hernia and bubonocele. If Poupart's ligament can be traced by the fingers, or the femoral artery can be felt, all difficulty will be removed. Again, it is difficult to distinguish it from an inflamed lymphatic gland situated near the femoral ring, or saphenous opening. The gland can be moved freely—is not influenced by cough or straining, and is attended by little or no derangement of the bowels. Crural hernia has been opened under the belief that it was a syphilitic bubo.

Radical cures of reducible femoral hernia are less frequent than those of the inguinal form. This is owing to the great depth of the ring below the surface, aud the movements of the thigh interfering with the steady application of the truss. Perfect adaptation of the pad of the truss to the ring will ensure successful results. No cure can be had unless by the contraction of the neck of the sac and agglutination of its walls.

In cases where the abominal walls have been weakened by pregnancy, ascites, and the absorption of a large amount of adipose matter, mechanical support should be resorted to, with an abstinence from all straining efforts. Hygienic and tonic means should also be used.

Reports of cases being in order, Dr. Mendenhall read the following report of a

Case of Prolapsus of the Bladder.—During the latter part of December 1847, I was called to see a lady said to be in labor. On entering the room she had pain resembling that which occurs when the child's head is pressing on the perineum near the termination of the second stage of labor. The straining and expulsive efforts were very severe. I proceeded at once to make an examination, under the impression that no time was to be lost. In proceeding to pass my finger into the vagina I found the inter-labial space occupied by a tense tumor which became soft and flaccid when the pain had passed away. This tumor, at the first touch, without making a very strict examination, I supposed to be the protruding membranes, as it appeared to contain a fluid. Very soon another severe pain came on, with the same expulsive efforts, when I again passed my finger for the purpose of ascertaining more accurately the position of parts. I had no difficulty in passing my finger beyond the tumor into the vagina and to the os uteri, which I found closed and not affected by the powerful pains. I was at first puzzled as to the nature of this tumor, never having met with any thing of the kind before. My supposition that it was a prolapsed bladder was rendered certain by passing a female catheter into the bladder, which I could easily detect through the walls of the tumor. The water was evacuated and the enlargement was reduced to a very small size. An anodyne was administered and in a short time all pain disappeared until there was another accumulation, when it retnrned as before, and was again relieved by the catheter. I left the catheter with the patient and instructed her to introduce it herself, and in this way she was kept clear of pain for more than two weeks, when labor came on, and she was safely delivered of a full grown child. The precaution being taken of keeping the bladder empty during labor.

When she arose from her bed a T bandage, with a compress to the vulva and perineum was necessary, and gave entire relief. Astringent injections were also used.

During the following pregnancy, the use of the catheter was again necessary, and relieved as before, so that she was rendered comfortable, and the prolapsus did not materially complicate the labor.

The same means were used as before, after the patient walked about.

Within a few days, I attended her in a third labor; every vestige of the prolapsus had disappeared, and therefore occasioned no inconvenience whatever during the last pregnancy and labor. I was interested in this case, because it was the first one of the kind I had met with, and many works on obstetrics do not mention the disease at all. Unless some care be exercised, serious errors in practice might easily be committed, cases of which are mentioned by authors.

It was also interesting from the fact, that a cure was accomplished by the aid of astringent injections, pressure and the use of the catheter, without the use of any other treatment.

I have met with one case of the same kind since. It passed from under my eye, and the result of the case is not known to me.

Dr. David Judkins reported two cases of rheumatism treated by Lemon juice.

The first case was that of a man in whom the disease is hereditary. He has had several attacks. In the attacks for which he had been but recently treated, the ordinary remedies, Iodide Potass., Tart. Antim., Opiates, Scudamore's mixture &c. were administered for twelve days without any benefit. Lemon juice was then ordered in ounce doses every four hours, increasing on the third day to four ounces every four hours. In six days from the commencement of its use the patient was well.

Prof. Lawson inquired of the Doctor, whether the urine had been examined, and whether its quantity was increased by the use of the lemon juice.

Dr. D. in answer, said he had not examined the urine. The quantity was not increased. He believed that the perspiration was much increased during its use.

In the treatment of the second case the lemon juice was administered from the onset. The patient convalesced in eight days.

Dr. Bonner said that after having tried several remedies for the relief of a patient of his in the city, he recommended to him the use of the lemon juice with the effect of curing

him. This patient has been threatened with attacks of rheumatism since, and whenever he finds any of the symptoms appearing, he immediately begins the use of the lemon juice. Indeed he keeps lemons in his house constantly, so as to be prepared.

Dr. Quinn reported three cases successfully treated with the lemon juice. In two of the cases, opiates were given to procure sleep at night.

Dr. J. P. Judkins said he had performed the operation of castration on a man who had suffered with a diseased testicle, for nearly two years. The patient attributed the pain to a blow

The testicle at his first visit was inflamed. It was treated by leeches, cold lotions, rest, suspensory bandage, and purgatives. The pain by this treatment was in some measure relieved. Hardening of the Epididymis came on, to remove which Prot. Iodid. Hydg. was given, without however affecting it. Six months afterwards a fistulous opening into the body of the testicle formed, accompanied with shooting pain. Finally, the shooting pains began to extend up the cord, into the lumbar region, with enlargement of some of the glands of the groin of the affected side. He concluded then it was best to remove it, which he did some three weeks ago, the patient first having been brought under the influence of chloroform. The wound was not brought together immediately after the operation, as he wished to avoid the necessity of having to re-open it, to arrest secondary hemorrhage. It is well known that there is difficulty in securing all of the small vessels many of which retract into the cellular tissue as soon as exposed to the air. The patient did well.

Great care was observed in keeping the urine out of the wound. Heard of a case sometime ago, in which the patient urinated into the wound (produced by a similar operation), which was followed by extensive sloughing and death.

The epididymis was hard, almost schirrous. The larger part of the body of the testicle was composed of a brainy, or cheesy substance. Thinks it was medullary. The patient is convalescent.

Dr. Webb reported a case which had come under the observation of a medical friend of his. An old negro for some cause drew a razor, and cut the body of one of his testicles almost through. The wound was dressed and healed well. The Doctor inquired of Dr. Judkins, whether it was possible for that testicle to secrete semen again. Dr. Judkins thought it was possible and probable.

Dr. Grant said that he had treated a female since the last meeting of the society, for what he believed to have been inflammation of the left ovary occurring at a menstrual period. The woman complained of pain on pressure over the region of the left ovary. A tumor occupying the position of the ovary was present, and continued to increase for several days.

Menstruation being present, continued, with the escape of a large quantity of blood. The menstruation and escape of blood ceased with the cessation of the tumor. The treatment was antiphlogistic; slight swelling was still present and some pain, when firm pressure is made.

The point of interest in the case, was the appearance and continuance of the catamenia and hemorrhage during an inflammation of the ovary.

Dr. J. Bird Smith had his attention drawn to an article in the London Lancet for July 1851, the writer of which recommended the use of Acetate of Potash in the acute stage of Gonorrhœa.

The first case in which Dr. S. used it was that of a man over forty years of age, who had been suffering from gonorrhœa for more than a week; the discharges being copious, urine high colored, and the scalding severe. He gave the Ascet. Potash in mucilage, in the dose of one drachm, three times a day. On the fourth day the discharge was nearly gone, urine natural in color, passed without scalding and much increased in quantity. On the eighth day, all of the acute symptoms of the disease had disappeared; the remedy was continued a week longer with a perfect cure.

The second case received similar treatment, but an increased amount of the remedy was given, the drachm doses being repeated every three hours, and a cure being effected in about two weeks. In cases where the potash failed after the 15th day of administering it, he combined it with Bals. Copaibæ, with the effect of increasing the curative properties of this latter article.

The rationale of this method of treating clap as stated by its introducer, is that the urethra in this disease is in a highly inflammatory state, and the urine very acid; it follows that the latter fluid in passing over an inflamed surface must produce more or less irritation, and consequently retard the subduing of the inflammation.

The Acet. Potassæ, by its tendency to render the urine alkaline, will remove one of the obstacles, which lies in the way of a cure. This salt has likewise most undoubted sepa-

rating properties; and its antiphlogistic powers are very considerable.

Dr. Wm. Judkins offered the following resolutions, which were adopted after some discussion.

Resolved, That a committee of three be appointed by the chairman of this society to memorialize our present Legislature for an act regulating and restricting the sale of arsenic. So as to require each and every druggist in his store to register carefully for that purpose,

1st. The quantity of arsenic sold.

2d. The name of the person to whom sold, age, sex and color.

3d. The purpose for which it is required.

4th. The day and date of such sale.

5th. The name and place of abode of the person for whom the article is intended.

6th. Not to be permitted to sell arsenic to any person under full age.

7th. To be marked "Poison" on the wrapper.

8th. That no druggist shall be permitted to sell any quantity of arsenic under one pound, without first mixing either soot or indigo therewith, in the proportion of ʒi soot or ʒss indigo to the pound of arsenic.

The President appointed Drs. W. Judkins, J. A. Warder and C. W. Wright. A law has since been passed by the legislature in accordance with this resolution.

The following gentlemen were elected delegates to represent the society in the next National Medical Association; viz. Drs. O. M. Langdon, Benj. Dennis, A. M. Slocum, Geo. Fries, P. G. Fore, Geo. Mendenhall, S. Bonner, B. F. Lawson and John F. White.

Dr. D. Judkins said that he would give way at the next meeting, for Dr. B. F. Richardson to read a paper on Ergot.

ART. V.—*Peculiar Effects of the root of the Podophyllum Peltatum or May Apple; and its Alchoholic Extract.* By CHARLES W. WRIGHT, M. D., of Cincinnati.

Having been called upon to make an analysis of some cocoa, which it was supposed had been poisoned by having been pulverized in a mortar in which cantharides had been reduced to powder, a short time previously, and which it was believed

had not been properly cleansed; but, being unable to detect the presence of cantharides by any of the proposed tests or the scales by means of a microscope, I was induced to attribute the symptoms of poisoning to the presence of some other agent; and upon investigation the following appears to have been the cause of the symptoms observed:

Upon inquiring of the person who pulverized the cocoa beans, it was found that the mortar, a short time before, had been used to pulverize the alchoholic extract of the podophyllum peltatum, called by the self styled eclectic practitioners *podophylline*, and by whom it is almost exclusively used, being their substitute for calomel.

Now it is found that if a person take the powdered root, or the alchoholic extract of the May apple for a considerable period of time, a peculiar papular eruption makes its appearance on the scrotum, accompanied by an irritation of the neck of the bladder, especially when the dose is not sufficient to produce free catharsis. This eruption not unfrequently makes its appearance on those employed to pulverize the root, and occurs so frequently in the practice of the eclectics that they have given it the name of *Scroteritis*.

All of those persons who used the cocoa containing the extract of May apple, were affected with irritation of the neck of the bladder and tenesmus; and in some of the cases the pain was so severe that they would lay hold of the nearest object for support until it subsided.

The powder of the root and extract is excessively irritating to the eyes, producing, in considerable quantity, an inflammation which is extremely difficult to treat.

PART II.

FOREIGN SUMMARY.

1.—*Clinical Illustrations of Subacute Ovaritis with Remarks on the Diagnosis of that Disease.*

After reading the details of ten cases of subacute ovaritis, Dr. Tilt gave a summary, in which he showed how far they threw light on the causes, symptoms, and terminations of the complaint. He then treated more fully of its diagnosis; and observed, *in limine*, that pain, however intense and well localised in the ovarian region, was not a sufficient ground on which to admit the existence of ovarian inflammation, because it might depend on uterine inflammation, or on what Dr. Fleetwood Churchill describes as ovarian irritation, considered by Dr. Tilt to be the same disease as the French pathologists term lumbo-abdominal neuralgia. With regard to the diagnosis of subacute ovaritis, Dr. Tilt remarked, that it was rendered difficult by the similarity of the seat of pain in both complaints, and that, however probable it might seem from the absence of uterine disease, the fixed pain, the occurrence of fever, and the tension or swelling in the ovarian regions, still an examination by the rectum could only give certainty to the diagnosis. Dr Tilt added, that persons of a nervous temperament are most liable to lumbo-abdominal neuralgia, not brunettes of a sanguine constitution, as in most of his cases. Pain exists in all; but while in subacute ovaritis it is more fixed, continues with the same intensity without regular exacerbation, and is exasperated by any kind of pressure; in lumbo-abdominal neuralgia it is quite the contrary, for although there may be at all times a dull, aching sensation, this is not invariably the case, pain sometimes occurring in repeated attacks, and is relieved by wide or even by continued pressure with the united tips of the fingers.

Dr. Tilt agrees with Dr. F. Churchill that ovarian irritation is characterised by a kind of nervous tenderness, which shrinks from the weight of the finger as much as from firm, severe pressure, and not by the positive pain mentioned in Dr. Tilt's cases. There is also in lumbo-abdominal neuralgia no swelling, no heat and no pain of the ovaries when these organs are subjected to a rectal examination; whereas heat, swelling, and pain exist in subacute ovaritis. The pain is unaccompanied by any sympathetic pain of the breasts or fever in lumbo-abdominal neuralgia, but not so in subacute ovaritis. The former is so frequent an accompaniment of uterine disease that many pathologists, both here and on the Continent, consider pain in the inguinal region as almost pathognomic of uterine disease, which on the other hand less frequently induces subacute ovaritis. With regard to the treatment, the repeated application of blisters and opium internally are of most use in lumbo-abdominal neuralgia, but these remedies, valuable as they are in the later stages of the disease, must be preceded by leeches, emollients, etc., in subacute ovaritis. Dr. Tilt then showed the greater liability of young females to idiopathic peritonitis, and to bridles of lymph in the vicinity of the ovaries, and concluded by observing, that it seems urgent on us carefully to bear in mind the frequency of inflammatory products in or about the ovaries, the frequency of intense suffering in the ovarian regions at the menstrual periods, and the great probability of both facts standing one to the other in the relation of cause and effect. We should also remember the greater liability of young women to idiopathic peritonitis and incarceration from bridles of inflammatory lymph at the very age at which I have shown that even the subacute inflammation of the ovaries is most frequent, and therefore the imperative necessity of watching over the first stages of a complaint which, being too often left to nature, is as frequently productive of serious mischief. Lastly, that subacute ovaritis can be distinguished from uterine affections as well as from lumbo-abdominal neuralgia, and that at all events no harm can ensue from the treatment recommended."

A discussion took place afterwards, in which Messrs. Hird, Canton, Dendy, Dr. Murphy, Dr. Crisp and Dr. Ogier Ward took part; all admitted the difficulty and interest connected with the disease under notice.

Mr. Canton stated, that whereas he had frequently been able to ascertain on the dead body the possibility of inves-

tigating the condition of the ovaries through the rectum, and by that means only, he did not find that in the normal anatomical condition of the human body the ovaries were capable of being immediately examined by pressure in the inguinal regions. He commended Dr. Tyler Smith's mode of examination by passing a probe through the Fallopian tubes, and said it was easy of performance.

Dr. Tilt replied, that, while admitting the force of Mr. Canton's assertion, nevertheless, when the ovary is increased to double or triple its natural size by inflammatory congesting, it is so pushed forward that, by careful pressure in the inguinal region, a small tumor might sometimes be felt, and the diagnosis could then be confirmed by an examination per rectum. In answer to Dr. Murphy and Mr. Dendy's doubts, as to whether the cases read by Dr. Tilt where not cases of physiological irritation, or erethism of the ovaries, and whether the difference between congestion and inflammation of the organs could be established, Dr. Tilt said, that he could not fix the precise boundary between ovarian congestion and inflammation; but that, when he met with cases where the ovaries were swollen and painful, with heat and commencing fever, these symptoms being totally independent of the phenomena attending menstruation, he considered that they were in a state of inflammation, unconnected with their physiological action. He added, that as numerous observers had met with such cases, it was fair to infer that the same might be still more likely to happen during menstruation, as in fact had occurred in some of his cases. Dr. Tilt admitted that the greater liability of women to incarceration of the ileum by bands of lymph, might be left as a reserved question, although, with Dr. F. Renaud and others, he believed it to be the case; and he referred Dr. Crisp to the work of Dr. Negrier for a case of death by peritonitis, from the bursting of a very small ovarian cyst. To Dr. Ogier Ward's inquiry relative to the constitutional symptoms of sub-acute ovaritis, he said that they were not of a severe nature, varying according to the patient's constitution,—slight fever in some, hysteria in others, or pseudo-narcotism or derangement of the biliary function.

2.—*Comparative Statistics of Deaths from Cholera in France, in* 1832 *and* 1849.

At the meeting of the Paris Academy of Sciences, January 19th, M. le Baron Ch. Dupin communicated the results of

the comparative statistics prepared by him, relative to the effects of the cholera in France in 1832 and 1849.

In 1832, the number of births was 938,186, and the number of deaths 933,733; the increase of the population during that year was therefore 4,453. In 1849, the number of births was 995,466, and the number of deaths 982,008; the increase of the population during that year was therefore 13,458. In order to ascertain the relative amount of loss sustained at these two contrasted periods, the total amount of the population of France must be noticed. In 1832, the total population amounted to 33,547,109, and the number of deaths to 933,733; the proportion of deaths to each million of the population was thus 28,689. In 1849, the total population amounted to 35,727,730, and the number of deaths to 982,008; the proportion of deaths to each million of the population was thus 27,486. From this it appears, that the mortality per million of the population in 1849, was 1203 less than in 1832. If we now calculate the mean of the annual deaths during the five years anterior to 1832, during which time cholera did not manifest itself, we find that the number of deaths per million of inhabitants to have been 25,024, while in 1832, it was 28,689; whence we conclude that the mortality attributable to the cholera in 1832 was 3,665 for each million of the population. On the other hand, the mean annual number of deaths in the five years previous to 1849, was 22,984 per million of inhabitants, while in 1849, it was 27,486; whence we conclude that the mortality due to the cholera in 1849 was 4,592 for each million of the population, an increase of nearly 23 per cent. If the ravages of the epidemic were less marked in Paris in 1849 than in 1832, the explanation is afforded by the circumstance, that the cholera was less fatal in Paris at the latter than the former period, compared with the amount of the population; in fact, in 1849, the rate of mortality in the department of the Seine, was not more than three-fourths of the mortality of 1832. The striking difference between the two invasions of the epidemic consequently consists in the very remarkable fact, that while the mortality attributable to the cholera in 1849 surpassed that of 1832 by nearly 23 per cent., the maximum of the total deaths in the department most visited, was 24⅔ per cent. less in 1849 than in 1832; the maximum being less at the more recent period, although the total loss was more considerable, less impression was produced. In concluding his communication, M. Dupin spoke of the prolongation of human life in France during the last

eighty years. From 1771 to 1780 inclusive, the average annual mortality per million of inhabitants, without any extraordinary epidemics, was 33,000; in 1832, the period of the first invasion of the cholera, the mortality rose to 28,689, and in 1849 was 26,024. M. Dupin therefore arrived at the following conclusions: First, That if the mortality due to the cholera in 1832 were doubled, the total number of deaths per million of the population would not be so great as the mortality which existed from 1770 to 1780, without extraordinary epidemics. Secondly, That if we tripled the mortality due to the cholera in 1849, the whole number of deaths per million of inhabitants would not reach the number which existed in 1770 to 1780. "Such results," said M. Dupin, "need no commentary."—*London Med. Times.*

3.—*New Mode of Removing Uterine Polypi.*

M. Gensoul (*Gazette Medicale de Lyons*) has recommended the use of strong forceps for the removal of uterine polypi. Taking the opportunity of the menstrual period, when the uterus is both lower down and more patulous, he introduces a pair of forceps, such as are used for nasal polypi, and encircling the pedicle in the gripe of the blades, he ties the handles, and leaves the instrument to drop off spontaneously.

[This plan may succeed very well in small tumors, but in those of larger size it is not likely to surpass the ligature and Gooch's canula, inasmuch as with a broad pedicle strangulation cannot be obtained by it with certainty.]—*Provincial Med. & Surg. Jour.*

4.—*Liniment of Nitrate of Silver in burns.*

Dr. Kalt informs us, (*Schmidt's Jahr.*, 1851,) that he has derived great advantages in extensive superficial burns, from the following liniment:—Nitrate of silver, dr. iij.; distilled water, q. s.; linseed oil, o. j.—*Ibid.*

5.—*Enlargement of the Abdomen from Mesenteric Obstruction in Young Persons.*

The obstruction of the mesentery, here alluded to, is not that which is caused by strumous enlargement of its glands,

nor that which results from the agglutination of its peritoneal surfaces by organised fibrinous deposits, both of which I consider to be incurable, but that which is occasioned by subacute inflammation, unattended with any great degree of febrile action.

This disease is characterized by enlargement, severe pain and tenderness of the abdomen, which is dull under percussion, and sometimes infiltrated. If the symptoms have continued for any length of time, there is also extreme atrophy.

The cases which have fallen under my observation have occurred from the age of ten to fourteen years.

In the treatment of this disease, calomel, combined with opium, has been, in my own experience, successful beyond all expectation, not only in subduing the severity of the pain, but in curing the malady; indeed in such a result, in several instances, both from the severity of the symptoms and the atrophied condition of the patient, has greatly surprised me.

The pills (1) should be given two or three times a day, according to the degree of pain; and should ptyalism be produced, and the pain, nevertheless, continue, the opium is to be persisted in without the mercury, in such doses, and after such intervals, as the circumstances shall require.

1.—℞. Hydrarg. Chlor., gr. vj.
Pulv. Opii. gr. iij.
Conf. Rosæ, scr. ss.

Misce et divide in pil. vj.; quaram capiat unam bis terve die urgenti dolore.

I have found a plaster also an excellent adjuvant, and very conducive to the removal of the disease. It should be made of equal parts of the Empl. Ammon. cum Hydr., and the Empl. Thuris Comp, spread upon the leather, and large enough to cover the *whole abdomen*. This remedy appears to act not so much by virtue of any medicinal property in the plaster, as upon the principle of gentle pressure, by which it gradually softens and reduces the abdominal enlargement, whilst the calomel and opium relieve the pain and subdue the inflammatory condition of the mesentery and of such other viscera as may be involved.—*Ibid.*

6—*Chorea.*

Chorea occurs from the age of about eight to fourteen years. Before or after this period it is seldom to be met

with. It consists of an assemblage of sudden involuntary muscular actions, which are throughout the day continually distorting the features, and drawing the head, trunk, and limbs, into various abnormal attitudes.

This strange malady seems to be the result of an atonicity and a morbid sensibility of the excito-motory nerves. It is difficult to state, with any degree of precision, from what source these irregular movements take their origin; but it is probable that they commence in the ganglionic or sympathetic nerve, and are thence reflected through the spinal chord, upon the muscular system. This is a mere opinion, and must be taken as such; or it might originate in some part of the cerebral function; and this view is in some degree supported by the fact that the involuntary actions entirely subside during sleep.

Chorea is generally curable by medicine in six weeks or two months; and the remedies which I have found most successful, are preparations of iron and smart purgatives, as—

1.—℞. Ferri Sesqui-Oxidi, scr. j.—dr. ss.
Pulv. Cinnam, Comp., gr. ij.
Misce capiat ægar hanc dosin ter die in theriacâ.

2.—℞. Hydrargyri Chlor., gr. iij.
Scammonii Gummi, gr. iv.
Pulv. Zingiberis, gr. ij.
Misce fiat dosis quâqua tertia nocte sumenda.

In some cases the magnetic oxide of iron answers better than the sesqui-oxide, as in—

3.—℞. Ferri-Oxidi Magnetici, scr. j.—dr. ss.
Pulveris Zingiberis, gr. ij.,
Misce fiat dosis in crasso vehiculo sumenda ter quotide.

Should the above preparations of Iron fail to remove the disease, the iodide of potassium will be often found successful, especially if the strength has been much worn by the long continuance of the choreal movements. It may be given in the formula—

4—℞. Potass. Iodidi, gr. xxiv.
Syrupi Aurantii, oz. ss.
Aquæ Menthæ Pip., oz. iiss.
Misce capiat ægar, cochleare largum unum ter die ex aquæ pauxillo.

I saw this medicine succeed in a remarkable manner after all other remedies had failed, in a young man, 21 years of

age, and six feet in height. I have known chorea affect several members of the same family as they came to an age susceptible of the disease, in some of whom it proved fatal in spite of every means employed to subdue it. There are forms of chorea in which the spastic actions of the muscles are so violent and incessant as to make it absolutely necessary to combine opiates with the above treatment.—*Ibid.*

7.—*Treatment of Lepra and Psoriasis.*

M. Cazenave has published some observations on the successful treatment of lepra and psoriasis by sesqui-carbonate of ammonia. The dose is about five grains three times a day in some diaphoreric mixture.—*Ibid.*

8.—*Nasal Articulation in Children.*

In the *Union Medicale* M. Trosseau speaks of an affection to which children are subject, which is principally characterised by a nasal intonation of the voice. The complaint frequently dates from an antecedent attack of angina, with difficulty of swallowing, and often leads, at first sight, to the suspicion of imperfection in the palate. The chief appearances found on inspecting the throat are patchy congestion of the pharynx, enlarged tonsils, and pendulous uvula, which latter the author believed to be due to a species of paralysis. His treatment consists in the topical application of the nitrate of silver.—*Ibid.*

9.—*M. Junod's Exhausting or Hæmospasic Apparatus.*

M. Junod, of Paris, exhibited an apparatus, contrived by him some time since, with the view of causing a vucuum over certain portions of the body, and thus acting as a derivant of the blood; in fact as an enormous cupping glass. The power thus obtained is applied by him to the treatment of inflammation; the good effects of the abstraction of blood being procured without the usual debilitating results which follow the absolute loss of that fluid. M. Junod stated, that by means of this apparatus, four pounds of blood could be drawn

into one leg only, the effect being doubled if both extremities be operated on simultaneously. The practitioner thus becomes the master of the circulation; he can reduce the pulse to a very small volume in a few moments, and can augment or diminish its frequency at will, without causing any immediate or ulterior inconvenience. The blood thus displaced, requires twenty-four hours in order for it to re-enter the general circulation, without re-action. One of the most important effects of this considerable derivation of the circulating medium, is an abundant perspiration; with that object in view, all that is necessary is to cause the first degree of syncope; the forehead is soon covered with perspiration, which speedily becomes general, if the patient be placed in favorable condition.—*Med. Times.*

10.—*Memoranda in Infantile Therapeutics.* By Dr. Edward Williams, Dublin.

Dr. Williams calls attention to the following essential points in the treatment of infantile diseases:—1st. They bear blood-letting badly, with not unfrequently fatal results; much caution, therefore, is required, and the bleeding from leeches is difficult to check. 2nd. Tartar emetic prostrates them much more than adults, nor do they rally soon from its effects; the nervous system becomes partially paralyzed, and the injurious tendency of the medicine is shown on all the functions of the body. 3rd. Opium is more or less a direct poison, causing not unfrequently congestion of the cerebral substance and an apoplectic tendency. 4th. Mercury never salivates the very young child. 5th. Blisters are apt to slough, and therefore should never be used in the first stage of acute inflammation where there is capilliary engorgement and irritation, but rather in the sub-acute or chronic stage, where these vessels are stagnated and indolent, and where a stimulus is required to bring into healthy action these dormant vessels. 6th. The diagnosis of disease in children must naturally be difficult; they cannot, like adults, tell you of their sufferings; and the skill of the medical practitioner will be required to diagnose disease through indirect means. 7th. Mind not to go to the other extreme, and never bleed, never give tartar emetic, never give opium, never blister; remember, extremes are dangerous, *in medias res tutissimus ibis.* Sometimes you have two evils to choose between,

viz.,—the injurious tendency of the disease if left unchecked by active treatment, and the probably injurious action of the treatment. Remember, one is a certainty, the other an uncertainty, and therefore you should choose the lesser evil.

In the first ten or twelve months of infant life, when it is supported entirely by the mother's milk, we should, if the infant suffers from ill-health, always make inquiries as to the state of the health of the mother; for feeding the child with other milk, either artificial or human (that of a nurse), will nearly always, in these cases, effect a cure without the assistance of medicine, the child here suffering through the mother.

Of course infants require smaller doses than adults. Where in one you would give an ounce, in the other, a year or two old, you would give a drachm.

But the greatest skill is to discover the seat of the disease, for they cannot tell you; and here I refer you to Dr. Maunsell and Evanson's work on the "Diseases of Children." At page 105 they beautifully describe the means of diagnosis of disease in the three great cavities of the body—head, chest, and abdomen. "Three principal indications of physiogomy present themselves," say the authors, "connecting a particular set of features with one of the three great cavities, as we observed when speaking of the temperaments, and related in a similar manner. The expression of the upper part of the face, the forehead, eyes, and brows, indicating disease of the brain or nervous system; the features of the middle of the face, in particular the nose, being affected by morbid conditions of the organs of circulation or respiration; while abdominal affections are in a peculiar manner pointed out by the expression of the mouth or state of the lips."

When the brows are knit, the eyes fixed and staring, or looking wild or vacant, our attention is at once directed to the head; we observe whether the child puts its hand to its head, as in health infants seldom raise the hand above the mouth; next examine the pupils, and whether the limbs are rigid; these and other symptoms are evidences of disease of the brain.

Disease of the chest is more apparent, aud the diagnosis easier; the ear will do much, assisted by the eye, and other symptoms.

In disease or the abdomen the lips are retracted or drawn, so as to show the teeth or gums; the countenance pale, sallow, or sunk; the child lies on its back with its knees bent

or drawn up, and is pained by pressure on the abdomen; diarrhœa constanly attends, the stools being generally thin, green, or dark brown and fœtid; there is much wasting; great thirst, particularly craving for cold water, and other symptoms. Teething commences in children about six months after birth, when there is sympathetic irritation in various parts of the body, which is more easily relieved by lancing the gums, thus easing the pressure of the tooth, the cause also being removed, than by giving medicines, which only palliate for a time, the primary cause of the ailments still remaining.—*London Lancet.*

11.—*Description of a New Instrument for the Treatment of Polapsus Uteri.* By John Jones, Esq., of Derby.

It consists—1, of a belt with two pads, to support the abdominal parietes; 2, a bandage with one pad, to support the vulva and perineum.

The belt, four inches and a half broad, is made of strong holland, lined with wash leather, and padded with horse-hair. Two pads, united by a strip of vulcanized India-rubber, one inch and a half broad and three inches and a quarter long, are placed between the end of the belt and a leather strap, which buckles on one side. The belt is strengthened by five sticks of whalebone placed obliquely at equal distances of about four inches. The pads, three inches and a half in diameter, consist of two convex circular plates of tin, the inner rather smaller than the outer one, made to act upon each other by an interposed spiral spring. The whole is padded with horse-hair and covered with mackintosh. In the center of the outer plate of each pad is a button for the attachment of the perineal bandage. A laced gusset is formed on each side of the belt, for its easy adaptation to the hips; and loops of tape are placed at the top, to attach it to a waistcoat, which, however, is seldom required.

The perineal bandage consists of an anterior and posterior flap, united by a strip of vulcanized India-rubber, one inch and a half long and half an inch broad. Within the anterior flap is a pad four inches long, stuffed with horse-hair, and covered with mackintosh, intended to support the vulva and perineum. Each flap, four inches broad at the top, has six button-holes, in two rows, one above the other, corresponding

with buttons on the belt; these give considerable scope for the lengthening or shortening of the perineal bandage. The flaps are made gradually to become narrower, to be joined to the interposed strip of Indian-rubber.

The resiliancy produced by the horse-hair stuffing, and the elasticity afforded by the India-rubber, render the belt easy to wear, and efficient in its application.—*Prov. Med. and Surg. Journal.*

12.—*Tracheotomy as a remedy for Epilepsy.*

A second case, in which tracheotomy has been performed in epilepsy according to the suggestion of Dr. Marshall Hall, has been reported by Mr. Anderson, the results have hitherto proved most satisfactory.

The woman, aged 36, had been epileptic 24 years, and her father had been afflicted in the same manner. The operation was performed three months ago, since which time she has had no formidable access of the disease.

It is satisfactory to be able to state that Mr. Cane's case has been completely successful. The patient, when seen in October, had not the slightest return of epilepsy. The operation was performed in March.

In reference to the easiest way of performing tracheotomy, Dr. Marshall Hall proposes a free incision through the integument, then a separation of the cellular tissue, with a director or other blunt instrument, and lastly to open the trachea with a trocar, the tube of which has a cutting edge. Instead of a tube to breathe through, he proposes an instrument made of wire.—*Lancet.*

13.—*A New Test for Mercury.* By Arthur Morgan.

The following seems to be a novel and hitherto undescribed method of detecting the salts of mercury either in substance or solution;—

If a strong solution of iodide of potassium be added to a minute portion of any of the salts of mercury placed on a clean bright plate of copper, the mercury is immediately deposited in the metallic state, appearing as a silvery stain on the copper, which cannot be mistaken, as no other metal is deposited by the same means.

By this method corrosive sublimate may be detected in a drop of a solution unaffected either by caustic potash or

iodide of potassium. In a mixture of calomel and sugar in the proportion of one grain to two hundred, a distinct metallic stain will be obtained with one grain, which of course contains 1-200th of a grain of calomel; in like manner 1-400th of a grain of peroxide of mercury may be detected, although the mixture with sugar is not in the least colored by it.

With the preparations of mercury in the undiluted state, this process acts with remarkable accuracy, the smallest possible quantity of calomel or peroxide of mercury, such as would almost require a magnifying lens to perceive, placed on copper, and treated with iodide of potassium, will give a distinct metallic stain.

The advantages of this test may be briefly stated as follows:—1st. It is a delicate test, inferior only to the chloride of zinc and the galvanic test of zinc and gold. 2d. It is easy of application. 3d. It requires a very small portion of the substance to be examined—a matter of no small import. 4th. Acting on the insoluble as well as the soluble salts, it obviates the intermediate process of solution. 5th. When it acts its indications are decisive.

As to the disadvantages, the only one which seems tenable is, that although it acts on minute portions, still that must be in a concentrated condition. For instance, though we may detect the 1-1000th of a grain of corrosive sublimate in a drop of water, we cannot detect it in a drachm, but this may of course be remedied by evaporation.

Now, with regard to the theory of this process, the following seems most satisfactory, that the iodide of potassium forms a soluble and easily decomposed salt with the various salts of mercury,—that is, an iodide soluble in excess of the iodide of potassium.—*Dublin Med. Press.*

14.—*Statistics of the Profession in Prussia.*

A statistical account of the medical profession has just been published at Berlin. According to that document, there are at present 287 district physicians, 3,266 practitioners, 962 surgeons of the first class, and 973 of the second class. Sum total, 5,488. These figures being put by the side of the amount of population, which was at the last census 16,216,912 souls, will give one physician or surgeon for about 3,000 inhabitants. The number of veterinary surgeons is 828, and the apothecaries amount to 1,478.—*Prov. Med. and Surg. Journal.*

PART III.

AMERICAN SUMMARY.

1.—*Sugar in the Urine—Pathology of Diabetes.*

It has been ascertained, by the experiments of M. Bernard, that, in the state of health, the liver continually produces sugar (glucose), out of the materials furnished by digestion, and that this is as constantly removed from the blood, by oxygenation, in the respiratory process. So that in the disease Diabetes, in which sugar passes off in the urine, there is either an inordinate production of that substance in the system, or a deficiency in the respiratory process; in consequence of which, the *normal* sugar is not consumed in the tissues by the union of its elements with the oxygen introduced by respiration—but is eliminated as a foreigns ubstance by the kidneys.

M. Bernard, by puncturing the medulla oblongata, just about the origin of the pneumogastric nerves, in rabbits, invariably caused the presence of sugar in their urine;—and he supposed that the stimlation of the nerves, by the puncture, excited the liver to increased secretion of this substance.

But, in some recent brief notes, to the French Academy, by MM. Reynosa and Bouchardat, it is rendered probable, that in all cases of glucosuria, the fault lies more in a deficiency of oxydation than in an increased production of sugar in the liver.

Supposing that the puncture of the medulla oblongata, near the origin of the pneumogastric nerves might impair the respiratory process by paralysing, to a certain extent, the nerves of respiration, and thus bring on the glucosuria, M. Reynosa sought to verify this supposition by further experiments. If this view is correct, the use of any means which would impair the respiratory, or oxydating process, in the system;—in other words, which would tend to produce as-

phyxia in any manner,—would cause the presence of sugar in the urine. Consequently, the use of the various anœsthethic agents, which all tend to produce asphyxia when inhaled in the state of vapor, should be followed by this result:—and M. Reynosa observed that such was invariably the case in his experiments:—moreover, it was curious also to see in strangulated and drowned rabbits, the presence of sugar in their urine.

Any check on the respiratory process therefore tends to cause this result; accordingly, M. Bernard discovered sugar in the urine of the fœtus in utero.

The ingestion of any substance, which, acting in the manner of an antiseptic, prevents or impedes the action of the inspired oxygen on the combustible matter of the system, should, according to this theory, be followed by the discharge of sugar by the kidneys;—a probability which was verified by M. Reynosa, on patients in the Parisian Hospitals, after the administration of corrosive sublimate, iodide and sulphuret of mercury, the salts of antimony, opium, sulphate of quinine, &c. Doubtless, under the influence of intoxication drinks, and especially in the state of inebriation, sugar may be detected in the urine.

Another remarkable fact, reported by M. Bouchardat, in 1846 is that in diabetic patients, there is an habitual lowering of temperature, to the extent of one or two degrees, centigrade; owing doubtless to the imperfect oxidation, and consequently diminished elimination of heat. The idea occurred to Bouchardat to cause his diabetic patients to breathe pure oxygen gas. He states, in his note published in the number of the *Comptes Rendus* for Nov. 17, 1851; that, four years ago he made two experiments of this sort with the most happy results, in facilitating the complete removal of sugar from the urine. He was deterred from carrying on his experiments by the difficulties of execution.

These observations, throwing light on the pathology of diabetes, open a new path in the treatment of this formidable malady. There are various modes besides the inhalation of oxygen gas, of increasing the amount of oxidation in the fluids of the body. The use of the chalybeate preparations;—that of the mixed solution of chlorate of potash and hydrocloric acid; the administration of iodine, chlorine nitro-hydrochloric acid, nitre, &c. &c., exercise in the open air, &c., all fulfill this indication.

Even the use of the large quantities of water, so greedily

taken by Diabetic patients, seems to be under the instinctive promptings of the *vis medicatrix naturæ*, as it tends, accoring to the observations of Becquerel on the urine, to increase the amount of oxidation in the system, and thus may actually diminish the quantity of sugar to be discharged by the kidneys.—*Transylvania Med. Journal.*

2.—*Life Insurance of Medical Men.*

We find the following advertisement in the London Journals, announcing an arrangement of Life Insurance for Medical Men, which appears to us of great importance, and we trust that some of the companies in this country will adopt a similar plan:

"*To the Medical Profession.*—The members of the Medical Profession are usually dependent upon their own personal exertions for their subsistence. If health fail, they fall into distress; if they die, their families are unprovided for.

"The uncertainty of their incomes often prevents them from making provision for infirmity, old age, or death, by the usual methods of assurance. To meet this difficulty, The Law Property Assurance Society has made the following arrangements for the benefit of the Profession:—

"1. It grants special policies of assurance, by which the assured, instead of being obliged to pay a fixed sum every year or forfeit their policies, may pay any sum they please, at any time, according to their means, and for which a proportionate sum will be assured to them by their policy. By this means uncertainty of income is provided for, and no forfeiture for non-payment ever takes place.

"2. If the assurer in this office should find that the objects of his insurance after death are no longer required, he may convert his policy into an annuity for his own life.

"3. On payment of a small annual sum during their own lives, husbands may secure annuities for their wives or daughters after their own decease.

"4. On payment of a small sum annually, professional men may secure for themselves an annuity, to commence on the decline of life, or earlier, should they be at any time disabled, by sickness or infirmity, from pursuing their occupations.

"Detailed prospectuses, forms of proposal, and every in-

formation, will be immediately furnished on application to WILLIAM NEILSON, Actuary and Secretary, 30 Essex Street, Strand, London."—*Phil. Medical News.*

3.—*A Case illustrating the evil influence of Mesmeric experiments upon susceptible subjects.* By J. HENRY CLARK, M. D., of Newark, N. J.

Miss D., aged 18, of feeble constitution, wearing a sallow, cachectic countenance, of very nervous habit, consulted me in the spring of 1848 on account of habitual irregularities of menstruation. Tonics and a prudeut regimen restored her usual health. During January, 1849, she fell into the hands of a mesmerizer, who found her a "good subject." His manipulations were frequent, and she seemed to suffer more and more after each visit of her operator, till at length, *Feb.* 18*th*, I was called to prescribe. Found my patient sitting in an easy-chair, her shoulders violently jerked from side to side continually, with shuddering aguish sensations, unable entirely to control the motions of the body. Her lower extremities were less affected, but she dare not trust herself upon her feet, nor could she control their action. Her countenance was sallow, pinched, and anxious. She complained of great difficulty of breathing, and a "strange feeling about the head," and an "inward motion." I was assured by her friends that no such symptoms were ever observed before the experiments were made upon her nervous susceptibilities; and upon careful inquiry, I learned that, ever since these operations, these or like symptoms in a far less degree had been observed, and flippantly accounted for by the quack. The most unpleasant symptom in her case occurred in violent paroxysms of a few moments' continuance, between which there was a period of quiet. As these paroxysms came on, a young lady who had frequently seen her mesmerized, who sat by, remarked: "That is just the way she always acts when he is bringing her out of it." Considerable questioning elicited the information that of late she had many other hysterical symptoms in connection with her mesmerizing. Her bowels were torpid. There was considerable tenderness on pressure upon the bodies of the third, fourth, and fifth cervical vertebræ. The patient was very dyspeptic. Ordered a cathartic and a blister to be applied on each side of vertebral column—also gave antispasmodics.

19th. There was evident improvement.

20th. Improvement still continues; ordered tonics in addition, and directed that she should not see the mesmerizer, nor be spoken to of him, for I learned that she had seen him, which excited her greatly. Talking of him seemed to produce excitement and an aggravation of her symptoms.

22d. While sitting by her she was seized with an attack of opisthotonos, and sunk backward from her chair upon the floor. These convulsions were purely of an hysteric character, and there was a momentary want of consciousness. Administered a strong solution of gum assafetida, valerian, ether and ammonia, to her with considerable and speedy relief.

23d. Complained of difficult breathing, confusion of mind, and "globus hystericus;" says: "I cannot think;" laughed commonly without reason.

To detail the symptoms for the next five days would be but to enumerate the prominent symptoms of almost every disease to which our race is subject.

Ordered quinine, in increased doses, with antispasmodics, placing reliance principally upon assafetida to fulfil the indications for this class of remedies.

March 1st. Found my patient decidedly improving.

6th. Her improvement was stayed by a severe paroxysm, in consequence of some error in diet. The pulse was very feeble; ordered London porter in small and oft-repeated doses.

13th. Very considerable improvement.

April 1st. Improvement still manifest; countenance began to lose the sallowness and her eye the heaviness before observed. Her face became broader and wore a more intelligent expression. Insisted upon her removal from home.

12th. Has been separated from the association of home since April 1st. The effect has exceeded my expectations, although I expected much from removal. Directed her to be kept much in the open air.

Two years have now elapsed, and Miss D. has had no returns of her former symptoms; and, to this day, she expresses great dread of mesmeric experiments.

This case appears to me the more important, as *proving* distinctly that the susceptible female cannot but be injured by all kinds of experiments of this class. The new fashion which prevails among these adventurers, just now so taking with the credulous, of "mysterious knockings" and supernatural communications, cannot fail to exert an unpleasant

influeuce in those circles where they become the frequent theme of remark. This is no new thing after all; every age has presented a counterpart; but its direct influence upon the health cannot be uninteresting to the medical observer.—*N. J. Med. Reporter.*

4.—*Surgical cases communicated to* D. Gilbert, M. D., Professor of Surgery in the Medical Department of Pennsylvania College, Philadelphia, by Nathaniel Watson, son, M. D., of Lancaster county, Pennsylvania.

Case I. In the summer of 1825, I was called to Jos. Bougher, at Graysbills mill. I found him, about an hour and a half after the accident, lying upon a mattrass on the floor. As I entered the room, Mrs. G. said, "Doctor, Joseph is dead." I discovered a dislocation of the cervical vertebræ below the origin of the phrenic nerve. I placed a foot on each shoulder, grasped the head firmly and streched the neck with a rotary motion. The vertebræ returned to their place; the head had been twisted to one side. He began to breathe visibly very soon after. After rubbing the extremities for some time, his pulse returned—continuing the frictions with spirits, he opened his eyes in about an hour after the dislocation was reduced, and attempted to sit up. He became frantic in another hour, with hard and rapid pulse, for which he was bled freely. He was kept in bed, in a dark room, aperients were given, with cooling acidulated drinks and low diet, which was strictly enjoined for five days. On the eighth day he was able to walk through the room, free from all unpleasant symptoms and mind perfectly clear. In two weeks from the time of the accident he returned to work." He had sustained the injury by falling from a wagon loaded with hay, and was taken up for dead by the other hands.

Case II. "On the 14th of July, 1842, I visited a grandson of Esquire Missimores, who, 22 hours previously, had fallen from a cherry tree. The head was twisted to the left side, there was no feeling in the extremities, pulse feeble, aspiration slow and stertorous, pupils dilated, extremities cold, &c. I pronounced it a case of dislocation of the vertebræ of the neck and gave it as my opinion, that the boy would die if the luxation was not reduced; and, at the same time informed him, that he might die during the attempt, as well as subsequently to reduction. I reduced as in the case of Bougher.

Frictions were made to the extremities, and spirits applied to them for one hour before he was restored to consciousness, when he complained of pain in the neck and head. Respiration and pulse were gradually restored, and the extremities became warm. Ordered an enema, and requested that he should be kept quiet.

15th. Pain in back of head, pulse hard and quick, took ℥xij. of blood from the arm, applied cups to the temples, ordered purgative mixture, and then to apply a blister to the nape of the neck, and preserve quietness.

16th. Found him much better—continue quietude and spare diet.

18th. Continues to improve, and is apparently out of all danger.

22d. Discharged him."

These cases are exceedingly valuable in demonstrating that the vertebræ of the neck may be dislocated, and yet recovery follow. All the cases hitherto published, so far as my reading has extended, have had a fatal result. There are two cases reported in St. Bartholmew's Hospital reports, one of which died on the same day, the other in 32 hours after the accident. Another case is reported by Mr. Stanly, Royal Hospital, Harlan, died on 3d day. A case occurred in the New York Hospital, which terminated fatally on the 3d day; and the last case recorded may be found in the Boston Medical and Surgical Journal for August last, furnished by E. K. Sandborn, M. D., of Lowell, Massachusetts, death on the 8th day.—*Medical Examiner.*

5.—*On the use of Creasote in Diarrhœa.* By T. M. Woodson, M. D., of Sumner county, Tenn.

In the "American Journal of the Medical Sciences" for July, 1851, is a notice of the use of *creasote* in diarrhœa, by Mr. Kestevan, whose testimony in its favor is very strong. He states, in fact, that in his hands the remedy has never failed, and that generally he found a single dose sufficient. His dose was from one to five minims. Reading the statement of Mr. Kestevan at a season when diarrhœa was rife, I determined to give the remedy a trial. The first case in which I administered it occurred about the first of August. The subject was a negro woman aged thirty-five years, who had been affected for two weeks before medical advice was

solicited. I at first prescribed opium and tannin, but as they afforded only temporary relief, I was requested to visit her on the 4th of August. I found her in the following condition: Pulse not unnatural, and skin rather cool and moist; tongue coated with a white fur; patient complains of severe pain in the abdomen, which is increased by pressure; has from twelve to twenty serous evacuations daily, and is much prostrated. I prescribed creasote, one drop every four hours, in combination with camphorated tincture of opium and aromatic spirits of ammonia.

Aug. *5th.* Patient much improved this morning; bowels were moved but twice after the first dose of the medicine—has taken two doses. She continued to improve, and soon recovered.

Case II. A female child, aged fourteen months, was taken with diarrhœa on the 11th of August. Vomiting also attended. I saw the case the following morning, and found the child laboring under some fever, with great derangement of the stomach and bowels. Prescribed calomel and Dover's powder, which were to be repeated every two hours. I was called at midnight again, and found the symptoms rather aggravated than improved. I at once administered creasote, half a drop, with tinct. opi. camph. and spirits ammon. aromat., and repeated every three hours. The patient was relieved of its distressing nausea and and diarrhœa before morning, and had a prompt recovery.

Case III. A little boy, aged five years, was seized on the 11th of August, with symptoms similar to those presented by the last case. Without any preliminary measures, I ordered in this case the creasote combined as before, beginning with half a drop and increasing it to a drop at a dose. In ten hours the disorder was checked, and the patient was soon as well as ever.

Case IV. J. D. C., aged fifteen years, had labored under diarrhœa for three weeks, when he applied for medical advice. He was at that time much debilitated, and his complaint appeared to be progressive. I prescribed the creasote mixture, every four hours, directing the creasote to be increased after a few doses to two drops. Soon after taking the first dose he had two evacuations in quick succession, but the diarrhœa then ceased, and in a few hours he was comfortable.

Case V. L. H., aged fifty years, has been for many years subject to diarrhœa every summer. He has from eight to ten

evacuations daily, and has become much debilitated. He was promptly relieved by the creasote mixture, and always found relief from it when the symptoms returned during the hot season.

Case VI. Miss C., aged nineteen years, has been subject to diarrhœa just before her catamenial periods. It is profuse and exhausting, continuing generally for about ten days. The most prompt relief was derived from the creasote.

I have used this article in more than twenty cases of diarrhœa with similar results, but it would be tedious to recite others. I have found it much more prompt and invariable in its action than any other remedy to which I have ever resorted in this complaint, and, although it is described by writers on materia medica as an irritant and narcotic, I do not hesitate to administer it where fever, and dysenteric symptoms are present. It is superior to opiates, in that it does not leave the bowels constipated. It excites no nausea, nor any other unpleasant symptom. Its action seems to be stimulant and antispasmodic, allaying pain very promptly, and imparting to the patient an agreeable sense of warmth in the stomach and bowels. Whether it acts directly as an astringent, or, as suggested by Mr. Kestevan, by coagulating the albuminous fluids of the ailmentary canal, I do not pretend to decide. But of its efficiency in bowel complaints, I think there can be no question, and in such cases it is confidently recommended. —*Western Journal of Medicine and Surgery.*

6.—*On the reproduction of Lactation.* By Ariel Ballou, M. D. (Read before the Rhode Island Medical Society, June, 1851.)

Some years since, from considering the physiological laws on which the action of the various glands of the human system perform their functions, and that few, if any of them, are in an active state without a given stimulus, and more particularly from contemplating the laws controlling the action of the glands connected with weeping, mastication, deglutition, and digestion, I was led to the inquiry whether the fact of the continuance of lactation depended upon some peculiar condition of the system growing out of, and dependent on pregnancy and its attendant circumstances, or on the stimulus the child exerts upon the mammæ in its efforts to obtain nutriment from

them, connected perhaps with the mental desires of the mother to foster and nourish her offspring.

That pregnancy, parturition, and the attendant action of the uterus stimulate the mammæ into action, producing the secretion of milk at the commencement of lactation, there was in my mind little or no doubt. But that some peculiar state or condition of the uterus and of the system continued to exist during the period of lactation, essential to it, and upon which the secretion depended, seemed to be a conclusion not sustained by facts and observation, and at variance with the laws controlling the action of other glands and their secretions.

Indeed, in numerous instances, all the functions of the uterus, common to unimpregnated women, were performed, and still lactation continued, in some instances during a period of two, and even more years. It appeared to me that these facts and considerations were sufficient to preclude the idea, if it existed in the mind of any one, that a certain condition of the uterine system were necessary to the existence and continuance of lactation. Hence I came to the conclusion that the stimulus arising from the application of the child to the breasts, and its efforts to obtain nutriment, aided perhaps by habit, were the true causes of the continuance of the secretion of milk.

The foregoing train of reasoning, several years since induced me to test the truth of the matter, in order, should it prove to be correct, to avail myself of its advantages in practice. Accordingly, in several cases where disease had checked the secretion of milk, and a suspension of the function of lactation of necessity ensued; after recovery, in cases where there was no return of the secretion, I ordered the child to be applied to the breasts two, three, or more times daily, with a uniform result, a renewed secretion of milk.

In other cases, when debility was present, growing out of disease or pregnancy, or dependent upon the exercise of the function of lactation, and when the system was unable to sustain itself under so great a tax upon its powers, I have directed the removal of the child for a season, and the drying up of the milk, so to speak, until the recuperative powers of the system could produce vigor and more perfect health. After the restoration of health, I have advised the reapplication of the child to the breasts, when it has in a few days uniformly obtained the usual supply of nutriment. In no instance have my expectations been disappointed.

I cannot exemplify my views and practice on this subject perhaps better than by giving the following cases:—

Case I.—In the autumn of 1836, Mrs. J. G., aged between thirty and forty years, of sanguine temperament, robust constitution, and the mother of several children, was confined. The presentation was natural, and no unusual circumstances attended her delivery. Subsequently she suffered from an attack of phlegmasia dolens in both of the lower extremities, attended with high febrile action, and, as is usual in such cases, extreme suffering. The secretion of milk ceasing early in the disease, the child was removed to a wet nurse, with whom it remained three or four months, during which time there was no return of milk. In the spring of 1837, the family being about to move a short distance from the village, where they could enjoy a better air and a more unrestricted exercise, the mother was anxious to take her infant with her, but did not like to deprive it of the advantages of the breast during the then coming warm season. I advised the mother to take her child and apply it to the breasts in the same manner she would do if she had a flow of milk; assuring her it was my confident opinion that in two or three weeks she would have milk, and a sufficient quantity, at least her usual supply.

She did so, and in about two weeks the secretion of milk was reproduced. She continued to nurse her child for more than a year, producing her accustomed quantity of milk.

Case. II.—Mrs. N. D., aged about twenty-five years, was confined in December, 1841. Nothing worthy of note transpired during her confinement and recovery. In April following, her child weaned itself in consequence of a sore mouth. Her milk soon entirely disappeared. In July following, I was called to see her child, which was suffering from an attack of cholera infantum. Having lost several children about that time from this disease, I expressed my regret that the child was deprived of the benefits of the breast, adding that, in my opinion, its chances of recovery were diminished in consequence.

The mother was informed of the course I had advised in other cases where it was desirable to reproduce the secretion, and of the results. On my visit the succeeding day, she informed me that she had applied the child to the breasts, and that it nursed and seemed pleased and more quiet; but she was not aware that any milk was obtained, or that she had any for it. I advised her to persevere in the application of

the child to the breasts, which she did, and the child recovered, and in the course of a week or ten days obtained a full supply of nutriment from the breasts.

The mother continued to nurse for months with as full and perfect a secretion of milk as though no interruption in the secretion had occurred.

The following case I report as having an important practical bearing on the treatment and disposal of a class of cases, which occur in our community at the present day, to cure which, or otherwise dispose of satisfactory to the physician, is often found difficult.

Case III.—Mrs. O. H. H., aged about twenty-one years, of feeble constitution, and nervo-lymphatic temperament, was confined in July, 1847. Previous to her accouchment, she was troubled with chronic aphtha, red canker, or with that condition of the system which is well known as "sore mouth attendant on pregnancy and lactation." Nothing unusual occurred at the time of delivery. No considerable loss of blood was sustained. As in similar cases there was a remission of diarrhœa and sore mouth for a few days after accouchment, giving rise to a hope that, being relieved from the condition of pregnancy, she would recover the powers of digestion and the assimulation of nutriment, so as to enable the system to sustain the calls upon it consequent to lactation. But in the course of ten or twelve days after accouchment, the sore mouth and diarrhœa returned with increased violence, producing great debility. The secretion of milk was copious. Her pulse 120, the tongue flabby; there were frequent copious dejections of yellowish water, the face and extremities bloated, &c. Fearing the worst results for my patient, I advised the immediate removal of the child from the breasts of the mother to those of a wet nurse, at the same time informing the parents that, on the recovery of the mother, she could at pleasure reapply the child to the breasts, and have a full supply of milk, and be enabled to perform all the duties and functions of a mother for an indefinite period of time. The child was given in charge of a wet nurse, the milk gradually disappeared, and the patient recovered under the use of tonic remedies and a generous diet. Between two and three months after this, the mother called on me, having the appearance of restored health, and inquired if she might now take her child home with the hope of realizing my former assurances that she would be able to reproduce her milk. I assured her there was no doubt in relation to such a result, and her ability for

the future to nurse her child. She took the child, applied it to the breasts, and in the course of two weeks had a good supply of milk.

I met her some nine months after, when she informed me she was happy in the enjoyment of good health, and to use her words, she "had as good a breast of milk as if she had never dried it up."

With these cases I close this paper. If, upon further and more extended trial, the results shall prove the same that I have described, we may hope a course of treatment will suggest itself to practitioners which will relieve them in many instances from embarrassment, and add new honors to the profession.—*Amer. Jour. of Med. Sciences.*

PART V

EDITORIAL DEPARTMENT.

THE COMMERCIAL HOSPITAL.

Many of our readers are aware that efforts have been made, from year to year, to change the medical supervision of the Commercial Hospital. These efforts were made first by the botanical party, next by the same in connection with the homœpathists, and finally the *Wesleyan University* (the Medical Department of which has never been established) became engaged in the same object. Numerous petitions, on different occasions, have been presented to the Legislature, asking for the admissions of students and professors, on equal grounds with the Medical College of Ohio. It is not surprising that long lists of petitioners could be obtained, for with a little perseverance, almost the whole community could be induced to to sign petitions either for or against such a measure. But few persons know anything of the nature of the case; and if the person presenting the paper for signatures offers a plausible argument in favor of his scheme, very few will hesitate to sign, and especially as it is the easiest method of escaping the importunity of such persons. No one having any acquaintance with the mode of obtaining these signatures, would attach any importance to them.

The following report was elicited by petitions of the above character presented at ths late session of the Legislature. The

able report made by Dr. Bushnell, chairman of the committee, is quite conclusive on the subject:

Report of the Standing Committee on Medical Colleges. In House, April 16, 1852.

Mr. Bushnell, from the Standing Committee on Medical Colleges and Societies, to whom was referred various petitions praying that the Faculty and Students of the Ohio Wesleyan University, and the Faculty and Trustees of the Eclectic Medical Institute of Cincinnati, may enjoy equal privileges in the Commercial Hospital of Cincinnati, with those of any other college, beg leave respectfully to Report:

That they have given the subject mature deliberation, and regret their inability to acquiesce in the wishes of the petitioners, for the following reasons;

No local subject has so frequently been before the Legislature of Ohio as petitions of similar import of those in relation to the Medical College of Ohio and the Commercial Hospital and Lunatic Asylum located in Cincinnati. These institutions were chartered in 1819, and were variously governed until 1825, when an act of the Legislature, "entitled an act to incorporate the Medical College of Ohio, and for revising and repealing all laws and parts of laws heretofore enacted on that subject," was passed, clearly defining the objects and duties of the Medical Faculty of the College in their intercourse with the Hospital and Asylum. Section 7 of this act is as follows:

"That it shall be the duty of the Faculty of the Medical College to visit and attend to the patients in the Commercial Hospital and Lunatic Asylum for the State of Ohio, located in the township of Cincinnati, and to render to each patient such medical and surgical advice and service as the cases may respectively require, without any charge or pecuniary compensation therefor; in consideration of which the said Faculty shall have liberty and power, under such regulations as they shall think fit and proper to prescribe, to introduce the pupils of said college into said Hospital and Asylum to witness the treatment of diseases, and such surgical operations as may be performed therein."

From the passage of this act, to the present moment, no session of the Legislature has passed without some school or class of physicians demanding what is now asked for by the petitioners, a change in the medical and surgical supervision of the Hospital. These changes have been denied, and we think justly so.

The clause in the act above enumerated remains unrepealed, and the object of the petitioners is to amend or modify it. Does there exist a necessity therefor, or would the State and the institution be benefitted, are questions we will endeavor to answer.

But first let us ascertain the purposes of the institution of the Commercial Hospital and Lunatic Asylum. They were founded for the sick, infirm and insane, and their fullest benevolence can only be acquired by a fulfillment of these objects, amongst which medical and surgical treatment stands pre-eminent. 2nd. Has this medical treatment been constant, regular and equal to the demand, are prominent and important questions, and one your committee is prepared to answer most satisfactorily. A law appointing two resident physicians to the Hospital is in existence, and your committee have seen letters from numerous and distinguished gentlemen, who have been residents in the Hospital for many years, fully attesting the faithful, capable and unremitting exertions of the Medical Faculty of the Ohio Medical College, through the series of years above named. The Trustees of Cincinnati township, who, by law, have the control of this Hospital, have reported annually to the same thing, and we beg to subjoin an extract of a report made in January, 1851, and corroborated by this year's report. They say:

"The medical and surgical supervision of the Hospital, which is vested by law in the Faculty of the Medical College of Ohio, it affords us great pleasure to state has been faithfully and satisfactorily performed. Those who are charged with the administration of the medical and surgical aid are able and skillful, kind and humane, and evidently do all in their power to promote the welfare of those whose diseases they are called upon to treat. They receive no compensation for their services, except such as may be derived from the privilege of introducing their pupils into the institution as a place for clinical instruction. The undersigned, therefore, feel bound by every consideration of justice to state to your honorable body, that, aside from the violation of the legal contract, we should regard a change in the medical and surgical supervision as likely to result in injury to the institution."

When we take into account the facts that these township trustees spend one-half of each day in the Hospital, that one of their number has held the office for twenty-seven years, and all are men of character, acumen, and high qualifications, we are content to believe that the inmates are carefully, skillfully, gratuitously and humanely attended. More than this the State cannot demand—with less we could not be content.

Laws similar to those demanded by the petitioners have been passed, and injury has resulted. Suits under these laws were instituted, and two decisions of the Supreme Court of this State declared the medical and surgical attendance and supervision of the Hospital and Asylum vested in the Faculty of the Ohio Medical College. Shall we open this settled business to future decisions, when neither the interests of the State nor humanity dictate?

During the last session of the Legislature, a law was passed authorizing the mortgage of the lot now occupied by the Medical

College for the purpose of building a new edifice. This building is now nearly completed, and bonds were issued to the amount of about 30,000 dollars. The building is an ornament to the city, and an enduring monument of the liberality and beneficence of the State.

If the prayers of the petitioners be granted, it will become a question of law and one of much importance to know who is to pay those bonds, issued in pursuance to this law.

The Faculty claim the Hospital as one of the inducements for the collection of large classes. The clinical instruction of the Hospital is regarded as but little inferior in value to the teachings of the professors in the College. If this be withhrawn or interfered with, the revenues, (which are proportionate to the size of the class), pledged for the payment of principal and interest of this debt would be proportionally reduced, and the State, by its discordant and antagonistical legislation, may become responsible for the debt. This should be avoided, and can only be done by a continuance of existing laws, which have made the Medical College an honor to the State, and the Hospital a home for the diseased and afflicted.

In every point of view, why seek a change. The medical services are now faithfully performed, and are gratuitous. Sufficient to fill the utmost demand of the State and humanity.

Composed, as is your committee, of medical men, we could present innumerable moral and medical reasons for the continuance of the present law. We forbear, as the common teachings of reason would instruct us all alike, that frequent changes would result in injury to the sick. If one class of physicians are admitted, why not another, and if irregulars of one kind, why not of all?

Can the State take the attitude of demanding experiments on the lives and health of its citizens? To allow promiscuous medical attendance could result in nothing less.

The deduction from what we have said, and those most prominent in our minds against a change in the laws governing the Hospital and Lunatic Asylum may be summed up in the following, to wit:

The charter of the institution of the Ohio Medical College most unequivocally forbids a change.

An alteration of existing laws would give rise to litigation, and we rest the case on two decisions of the Supreme Court, of the rights and privileges of the Faculty under their charter.

The statements of the Trustees of the township of the faithful, capable, and assiduous, and gratuitous attentions of the Faculty.

The law of last winter, No. 107, would be violated in its letter and spirit by any change in the relations of the Faculty of the College to the Hospital, and the State would be rendered liable for the cost of the new edifice.

A change, where all things are properly performed, could result in no advantage to the institution, and the introduction of rival schools and rival physicians in the Hospital would enure to the injury of the patients, and would give rise to such quarrels and difficulties in the future as has characterized the history of every other Hospital where similar allowances were made.

All of which is respectfully submitted.

WM. BUSHNELL, *Chairman.*
E. BENNETT.
JAMES WILLIAMS,
E. R. ALLEN,
J. B. ACKLEY.

DR. JACKSON'S ADDRESS,

The Annual Discourse before the Philadelphia County Medical Society, delivered February 10th, 1852, by the President, Samuel Jackson M. D., formerly of Northumberland.

This address is delivered from the following text: "My son, if thou comest to serve the Lord, prepare thy soul for temptation." It abounds in useful advice to those about to enter our profession, and to those engaged in practicing, its requirements. The trials and difficulties which beset the path of the conscientious physician are alluded to by one who has had his share of them during the course of nearly half a century spent in arduous and faithful application to a professional life. Many are more widely known among the junior members of the profession than Dr. Jackson, but few stand higher than he among those who have the pleasure of knowing his many virtues and exalted professional attainments. It is with pride and exultation we point to such noble monuments of professional rectitude, and hold them up as examples worthy of imitation by the rising generation of physicians. May the evening of his days be happy, and his path free from briers and thorns, "embowered and bordered by flowers and fruits," his heart rejoicing in the quiet conciousness of a life spent in rectitude of intention, and honorable action towards the world which surrounds him.

REGISTRATION LAW.

We have been favored with a copy of a bill introduced into the Legislature by our worthy Senator, Dr. Vattier, "To provide for the establishment of a Bureau of Statistics in the Secretary of

State's Office." We consider this to be one of the most important matters that can occupy our law makers. It is intended to include all subjects of interest upon which statistics can be procured, such as Agriculture, Products in Manufactures and the Arts, Commerce, Population, Land Grants, Topography, Biography, Education, Religion, Longevity, Marriages, Births, Deaths, and Miscellaneous items. It is mainly in reference to marriages, births, deaths and topography that we feel a special interest. It is to be hoped that every physician in the state will use his best endeavors in forwarding the plan of Dr. Vattier, who has so promptly interested himself in this subject. Much aid may be rendered by members of our profession writing to the representatives of their respective districts, and urge them to give this bill their prompt and hearty support. Now is the time when assistance may do much good; it is presumed that argument is unnecessary in enforcing the importance of this measure, when we address ourselves to physicians.

REORGANIZATION OF THE AMERICAN MEDICAL ASSOCIATION.

At the present meeting of this body some important modifications will be proposed in reference to its organization. The basis of the changes proposed has been ably set forth by Dr. Samuel Jackson, late of Northumberland, but now of Philadelphia, in an address read before the Philadelphia County Medical Society. The following is proposed.

1st. Let the Association be composed of Delegates from County Societies only.

2d. Let every man receive as soon as he is elected into his County Society, a Diploma testifying that he is a member of the said County Society, of the State Society, and of the American Medical Association. Admittance to the county society being at once an admittance to the others. The county societies would thus be the portals of admission to the great body of the brethren in the United States. This would make the Association a body composed of representatives from the profession, and would therefore exclude all medical organizations, except through the county societies. It would be more democratic certainly, and in accordance with our political system. The proposition is received with great favor, and we have no doubt some modification of this kind will be

adopted. The Medico-Chirurgical Society, and the Library Association of this city have instructed their delegates to vote for Dr. Jackson's proposition.

MEETING OF THE OHIO STATE MEDICAL SOCIETY.

The annual meeting of this society takes place at Cleveland on the first Tuesday in June, which is the first day of the month. It is presumed that the attendance will be large.

☞ We would invite the attention of the profession to the following communication, which comes from a source entitled to respect. The author of the "Witch Doctor," referred to in the communication, we know to be a gentleman of ability and integrity, and fully competent to accomplish whatever he undertakes. If any of our readers have any thing to say on this subject, we will give prompt attention to their opinions:

For the Western Lancet.

THE WITCH DOCTOR *vs.* QUACKERY.

Messrs. Editors: I have read your notices of the Witch Doctor, and also the work itself. Your remarks had led me to expect much gratification from its perusal, and I need only say, that my anticipations have been more than realized. The work supplies a desideratum at this moment; and justice to the author, to the public, and to ourselves, demands something more of myself and my brother physicians, than complimentary notices. I wish, therefore, to make a remark or two, accompanied by a suggestion, through the pages of the Lancet.

The prevalence of quackery has long been an annoyance to the medical profession, not only in depreciating the importance of education and science, but in drawing off a large portion of practice from its members. To meet quackery and humbug by reason and the deductions of science, as a means of exposing their absurdities, would be a useless task, because their victims, generally, are incapable of comprehending scientific truths. To subject them to the test of satire and ridicule, seems to be the only effectual mode of exposing their preposterous pretensions and unblushing impudence.

I would, therefore, propose, that the members of the Medical Profession shall purchase the copyright of "Old Billy McConnell, the Witch Doctor," so that it may be sold at the cost of publication, and be put into general circulation throughout the country. As the sale of this work is calculated especially to benefit the practitioners of the Regular Medical School, and shield the public from the impositions of Quackery, wherever it is read, interest and duty combine in demanding that we shall promote its

circulation. To place it upon a level, as to price, with the cheap literature of the day, and secure its sale among all classes of community, a reduction of its cost is required. But to effect this object, the author must either bestow his labors gratuitously upon the public, or the Profession must purchase the copyright of the work. The latter plan may easily be accomplished without a heavy tax upon any one, while the former mode of lessening its price should not be permitted.

In purchasing the copyright from the author, the Profession will only be paying a merited tribute of respect to his genius and talents, and placing him in a position to continue his literary labors in the field upon which he has so successfully entered, and from which he has gathered large additional stores of materials for the future employment of his pen, should time and circumstances ever allow him to resume it again. Now, for one, I am desirous that it should not long remain idle, when there is so much need of the propagation of the sound views in religion, morals and science, which it inculcates, and I should be pleased to hear from others on this subject. There are a thousand of us who can easily spare a $5 or $10 for the object proposed. The work I know, promises to have a large sale, but cannot at its present price, get into the hands of the readers where it is calculated to do the most good.

Yours Respectfully,
A PHYSICIAN.

FLUID EXTRACTS.

We invite the attention of our readers to the advertisement of Dr. Chapman, on the advertising sheet of the Lancet, in relation to the preparation of *fluid extracts*. These preparations are highly important to the practitioner, and it is a matter of regret, that they are not in more general use. We can say to those who do not already know the fact, that Dr. Chapman is a competent pharmaceutical chemist, and that his preparations are entitled to entire cofidence.

Some of the quack systems of practice have gained notoriety by the agreeable taste of their medicines: and it is important for the regular profession, not only as a point of duty, but also as a matter of policy, to exhibit their medicines in the least objectionable forms.

Our readers will not fail to notice the advertisement of Philip Schieffelin, Haines & Co., New York. They are extensive and reliable druggists, and those who go east for medicines will find this house well worthy of their notice. It is an important matter, both to apothecaries and physicians, to be fully assured of the character of those with whom they deal, otherwise the most intelligent are liable to constant imposition.

THE WESTERN LANCET.

VOL. XIII. CINCINNATI, JUNE, 1852. No. 6.

PART I.

ORIGINAL COMMUNICATIONS.

ART. I.—*Pathology of Apoplexy.* By S. CURTICE, M. D., of Dublin, Ind.

As we are not fond of making vivisections, and as our friend himself, has expressed some want of confidence, in regard to the value of such experiments, in the establishment of questions of physiology, we shall not return those particularly *cutting thrusts* of our friend at our humble self; but shall "cry him mercy, and pass to the question of investigation. Moreover, we are constrained to this course, from two other considerations of a more serious kind. In the first place, we never become persuaded, that any one is deficient in modesty, honesty, intelligence, or candor, simply and alone, because they may differ from ourselves. In the second place," we are "*truly*" unwilling to occupy the pages of a valuable medical journal, with matter so *very* uninteresting as that would *necessarily* prove, growing out of the indulgence of either bad humor, or depreciating terms towards the author on apoplexy.

Our friend, in the first part of his second paper, proceeds to review what he styles the premises of the question at issue. In doing this, he quotes from Hooper, Liston, Gregory, Good, Stokes, Dewees, Eberle and Wood. He places these authors in the same category, for the pnrpose of *re-establishing* his former deduction, in reference to the teachings of the profession

upon the subject of apoplexy. Now, at this stage of the inquiry, the question is *plainly* and *simply* this, do these authors, either as a body, or as individuals, teach that compression as it exists in apoplexy, is *necessarily* dependent on an increase in the "aggregate contents" of the cranium? The author himself, seems to feel the difficulty of his situation, in making out his *deduction*, from these premises; for at another part of his paper, he very candidly admits, "that he neither sought, or found, the precise words, there used." We think, it would indeed prove a hopeless task, with any amount of research, to find the *precise words*, or any words that express the *idea*, in the writings of any of the authors referred to in this connection. What says Dr. Wood? and to him, our friend refers, as to one who has given "*very pointed*" expression to his sentiments.

"Pressure on the brain enters essentially into the definition of apoplexy. Moreover, it must be somewhat sudden, and not the result of slow organic growth, or very gradual liquid accumulation. Besides, it must originate within the cranium, otherwise, we should be compelled to rank compression of the brain from fracture and depression of bone with apoplexy. In all cases of true apoplexy, the symptoms are produced *either* by simple congestion of the brain, hemmorrhage, or sudden serous effusion."

In this quotation, we find Dr. Wood, was very careful in stating that *pressure may* depend on *either* congestion, hemmorrhage, or serous effusion. And if pressure, *may depend*, on *either congestion*, *hemmorrhage*, or *effusion*, we are at a loss to determine, how our friend can prove from Dr. Wood, "compression, as it exists in apoplexy, is *necessarily* dependent on an increase in the aggregate contents of the cranium."

But Dr. Wood, as if to surround his views from the possibility of misapprehension upon this subject, makes use of the following language, upon the same page of his work on practice, from which our friend made the above quotation.

"But *even allowing* the essential incompressibility of the cerebral substance, there is little difficulty in explaining to a certain extent the effects of *pressure* in producing the symptoms of apoplexy."

In like manner, we might analyze the quotations from each of these witnesses, and show that they have made no such "necessary dependence" as our friend refers to in his deduction. In other words, that he has made an "indissoluble

bond of union" between positions not so united by the profession. These writers *all* teach, and teach *clearly*, that compression *may depend* on congestion, in the sense of "increased contents" of the skull. Of this, we presume no one ever had even the *shadow* of a doubt, or *dreamed* of making it a subject of discussion. At least, it was never our case. For when we wrote our former article, we knew, that this *whole category* of quoted authors, believed it possible to have an increase in the "aggregate contents" of the skull. But we said then, and we say still, that even in reference to this class, our friend has made an "indissoluble bond" of union between "increased contents" and "compression" which they have not made. And now, he for the express purpose of proving such a "necessary dependence" of "*these*" conditions upon one another, as he says is taught by those authors, proceeds to quote them upon a point *never* at issue, at least between himself and us. It would probably prove convenient to our friend, to change the whole ground of the present investigation, but we hope, he will find it in his heart at least, to forgive us, if we insist upon the original issue. The author in the next place refers to Drs. Mayo, Bell, Abercrombie, Monroe, Kellie and Clutterbuck. We are informed, by him, that the views of these last mentioned writers, were "irreconcilable with the views of the former." But from some cause, he favors us with no quotations from any of them. We are ready to admit, that upon *some points*, there may have been a difference between these two classes of writers perfectly *irreconcilable*. But this was not the case upon *all points* touching the circulation of the brain, and the circumstances influencing that circulation. In this connection, we have only to examine these writers upon the point here at issue. Do any of them teach "that compression in apoplexy is *necessarily* dependent on an "increase of the aggregate contents of the cranium? Certainly not! Our friend is ready to exclaim, that they do not believe in such "increased contents." This we grant him, but though they give up the "increased contents" yet they hold on to the *pressure* as an active agent in the production of apoplexy:

Hear Dr. Clutterbuck:

"Extravasation of blood, or serous accumulation, in the interior of the brain, must *necessarily* have the effect of *compressing* the blood vessels, by taking up space which can only be furnished by the blood vessels yielding to the *pressure* thus made upon them. In all these cases, it is evident that

the circulation of blood through the brain must be impeded or interrupted according to the extent of the *pressure*. If this *pressure* be *great, life itself* may be destroyed."

Hence, we find at one point at least, and that the point *now at issue*, that this class are perfectly *reconcilable* with the former—giving with them due credit to pressure as an element in apoplexy. Therefore, by reference to these, our friend has failed in adding much force to his argument in favor of the currency, or existence of his "deduction," as a principle of the profession. The argument here, is possibly more apparent to those for whom his paper was originally prepared. And, therefore, we will move ahead, as the light may yet break in from some unexpected source. In the third, and last place upon this branch of the subject, we come to what is said of Drs. Burrows, Todd, Budd, Paget, Williams and Watson. After referring at some length to these gentlemen, and the conclusions to which they were so happily "conducted" by Dr. Burrows, he informs us of its being his standing misfortune to differ with *great men*.

But in all these last remarks do we find anything to prove that the above gentlemen were conducted to the conclusion, "that compression in apoplexy was *necessarily* dependent on an increase in the aggregate contents of the skull?" If they were not conducted to this *precise* conclusion in *idea*, if not in words, then the conclusion is of none effect in this place. We care not, as far as the present issue is concerned, what new and strange conclusions they may have been conducted into the adoption of. There is *no* evidence in our friend's second paper that they were led to adopt the ground of his "deduction." But we will examine the expression of some of these gentlemen's views, that we may know *positively* that they were *not* led by Dr. Burrows or any one else to the conclusion prepared for them by our author.

"Magendie's experiments show that the brain and spinal cord are surrounded by a fluid, the *pressure* of which *antagonizes* that which must be exerted through the blood vessels. The existence of these two antagonizing forces may be taken as proof that either may prevail. When there is undue force of heart, blood is forced into the brain; this fluid recedes, and we have *compression* of the *brain*."—*Todd and Bowman, page* 268.

"But although the *actual quantity* of *blood* in the cerebral vessels may *continue* the *same*, it does not follow that the relative quantities contained in the arteries and veins should

remain the same. Therefore the variations in relative fullness, together with *varying pressure*, may account for many of the phenomena of apoplexy."—*Watson.*

Who, from carefully reading these quotations, can come to the conclusion that Dr. Burrows conducted them to the "deduction" of the thesis. And if they are not found conducted to that point, how can their testimony favor our friend in making out the currency of his deduction among the teachers of the medical profession. We have passed in a summary manner over the ground traversed by our author in the first part of his second paper, and must say in this connection, that the *coin* instead of *having been current*, is but a late issue from our friend's own mint. In saying this, we make no reflections upon any one's powers of perception or ability to reason, but conclude that our friend like ourselves and all others, is liable at times to embrace opinions with such earnestness of enthusiasm, as for a time at least to fail in giving each point its due and proper bearing. This is very apt to prove the case where we think we have fallen upon the solution of some question which has long proved a problem to the world. So it may be in this case.

In our former article, we quoted from several standard writers, for the purpose of showing that our friend must have mistaken, their bearing on this question, of the "necessary dependence" of "compression" upon the "increased contents of the cranium." In reference to these quotations, he has been pleased to remark that the first was "garbled" "mutilated," and taken from its connection; that the remainder had no bearing upon the point which they were brought to prove. For he asserts truly, that they were brought in support of a *contra position*, to the one he charged upon the profession. In other words, were brought to prove "that compression *is not necessarily* dependent on "increased contents" of the skull. He also says, that although brought for this express object not *one* of them containing a *single word* on the subject of *compression*, its *causes*, or its *consequences*. We are truly astonished at such remarks and to satisfy the reader will introduce the same quotations, that each may know for himself whether they contain a single word, upon *compression*, its *causes* and its *consequences*.

The quotations are the six immediately following:

"Another condition, which is probably more frequently at the foundation of cerebral diseases, than any other, is a disturbance of the healthy equilibrium, between the arteries and

veins. Thus we have brought about the condition so frequently met with. In these cases we have a *large accumulation* of blood in the *veins* arresting the circulation in the arteries."—*Kersey.*

"But although the actual quantity of blood in the cerebral vessels, may remain the same, it does not follow, that the relative quantities contained in the arteries and veins should remain the same. Therefore the variations in relative fullness, of different classes of vessels, in different parts of the brain, together with the varying pressure, on the cerebral substance may very plausibly account for many of the phenomena in apoplexy."—*Watson.*

"While we agree with the ingenious writer (Abercrombie) in admitting that the absolute quantity of the blood within the cranium cannot be increased, we must admit our inability to perceive that this is the question at issue. In all instances of deranged circulation, the *morbid state* consists in an *undue quantity* of blood being in the capillaries of the organ or texture."—*Ed. Jour.*

"But even allowing the essential incompressibility of the cerebral substance, there is little difficulty in explaining to a certain extent, the effects of *pressure* in producing the symptoms of apoplexy."—*Dr. Wood.*

"But although under ordinary circumstances the absolute quantity of blood in the brain must remain the same, yet there may be great differences, in its *velocity* and in its distribution. The arteries may be *distended*, the veins *depressed*, and a corresponding interruption of the functions of the brain."—*Clutterbuck.*

"The fact in all probability is, that the softness of the cerebral tissue, and varying activity, render it liable to undergo variations in bulk; and that the amount of the cerebro-spinal fluid varies, so that the quantity of blood must vary even in health. Moreover in disordered states of the circulation, the quantity of blood may be for a time diminished and the amount of *interior pressure* altered, even when there is no variation in the quantity of fluid contained."—*Carpenter.*

We now pass to examine the second position of our friend in reference to the possibility of an increase in the aggregate contents of the cranium.

"Dr. Elliotson relates the case of a lad who was remarkably precocious, he suddenly became apoplectic and died. On dissection, the brain appeared much larger than it should have done, and looked as if it had been ready to burst the skull."

"M. Scoutteten relates the case of a boy whose head was larger than usual, at his age, he died. Upon removing the top of the cranium, the brain *started out*, as though retained by considerable *pressure*."

"In twelve cases in which I performed manual strangulation, some years ago, the cerebral capillaries were *very much injected*. The larger sinuses *distended* and the vessels of the pia mater completely engorged."—*Gross*.

"This was the case of a young lady, aged 19 years, who died of epileptic convulsions. Upon removing of the skull, found the cranium *thick* and *solid*, the convolutions flattened upon each other; giving strong evidence of great internal pressure."—*Watson*.

From these few examples, selected from the many on record, of a similar kind, we thought the conclusion inevitable, that the "contents" were susceptible of "increase," and if this was true, the converse must follow of course. Although fault is found, because we did not in so many words say, that the contents were susceptible of diminution. He disposes of these facts, in what we consider a very summary manner, especially in view of their important relations to this interesting subject. But the disposition is not quite so logical as summary; and we hope to be able to show, before leaving this portion of the subject, that *one* plain, unostentatious fact, is of much more weight in questions of this kind, than a priori reasoning, "piled mountain high." Let us examine more particularly, into his mode of disposing of these facts. In the first place, we are informed that "these" "are interesting cases of hypertrophy of the brain." But a glance will satisfy any one, that the twelve cases referred to by Prof. Gross are not cases of hypertrophy, but of "manual strangulation." These twelve cases are passed in profound silence, though from a fair inference, they are the only ones bearing upon the topic now under examination; for we are informed at another place that the question is "the "sudden increase" of contents." Very well, so he supposed and referred to these twelve cases accordingly, which are passed, that the author may discuss, cases not coming, in *his* opinion, into the range of the thesis. Surely he could not have expected such complacency. We adduced both classes of facts, bearing upon the *sudden* and the gradual "increase," for to our mind they seemed to hold an intimate relation in the final settlement of this subject. But our friend has chosen to examine the cases "not in point," to the exclusion of those "in point." Therefore we will take

these cases on the supposition, that they are *all* hypertrophy cases. The question is asked, can the cranium be more than full? and is then answered: "we suppose the cranium is full at the commencement of the morbid process and no more than full at the termination." This, however, we consider a play upon terms, not at all touching the true merits of the case. And when he remarks "that the cranium is full at the commencement, and no more than full at the termination," he, though unconsciously, is begging the very questions under examination; which is not very good logic, especially in cases, the proof of which rests upon an appeal to facts, and not upon punning. We referred the gentleman to the case related by M. Scoutteten, in which it said, "upon removing the top of the cranium, the brain *started out*, as though retained by considerable *pressure*." It is a question of perfect indifference in this case, whether the cranium was "large" or "small," for in either case, the evidence of undue pressure, is the same, as the brain *started out*. But by way of removing this difficulty, we are informed, "that by removing the calvanum, and affording room for expansion, the fluids will of course *rush* to their former sites, the brain will expand, and '*look indeed*' as if ready to burst the skull."

Why remove the top of the cranium to make *room* for *expansion*, if the contents have not undergone any increase? Why remove the top of the skull, aud thus let on atmospheric pressure, to favor expansion from the interior? This last query becomes the more pertinent in this connection from the fact, that this removal of the calvarium is made to answer a directly opposite purpose in the thesis. In that instance the Dr. makes the removing of the calvarium, account for the starting in of the fluids of the cranium; in this, for the *starting out* of the brain. Hear his own words:

"You proceed to remove the skull cap, sawing around the whole circumference: the brain will have sustained the whole *pressure* of the atmosphere *directly* on its surface, for some minutes, before you can make your examination, hence the exsanguinal condition of the brain."

But as we are not disposed to be too exacting in reference to the *versatility* of the reasoning in this case, we claim our author's patience, while we cite *one more* case of hypertrophy, as it seems quite apposite in this place.

"This case died, with symptoms of apoplexy. There was no trace of *fracture* in the skull, and no change of *form* or *size*. The convolutions flattened upon each other. When

the dura-mater was cut, the brain protruded spontaneously. Not a drop of serous fluid was found in the ventricles or cranial fossa, upon the removal of the cerebrum and cerebellum." —*Little's Journal.*

We suppose our friend in reviewing this case would still urge that by "removing the calvarium and letting on *direct atmospheric pressure,*" at the rate of fifteen pounds to the square inch, where formerly there was no such pressure "the fluids would *rush* to their former *sites*, the brain expand and "look indeed as if ready to burst the skull." There is surely something wrong, where reasoning is not in better keeping with plain matters of fact. But here we are reminded to exercise modesty in judging, as we "*have no perception* of the bearing of medical facts." Therefore we turn this over, to those more competent, and pass to the recital of the experiments of Dr. Burrows.

1. "Two well grown rabbits were killed, the one by opening the jugular vein and carotid artery on the same side of the throat; the other by manual stangulation. Round the throat of the one killed by bleeding, as soon as dead, was drawn a ligature, tight enough to prevent the flow of blood. Upon examination, the brain of the one bled to death was *perfectly blanched*, while the brain of the one strangled was perfectly *engorged and rendered dark with excess* of blood.

2. "Two full grown rabbits were killed with prussic acid. While their hearts were still beating, *one* was suspended by the ears, the *other* by the legs. They were left twenty-four hours. A ligature was tied around the throat of each before they were taken down, to prevent the flow of blood either way. Upon examination, the brain of the one that was suspended by the ears, was found quite *pallid.* While the brain of the one which was suspended by the legs was *uniformly dark* and *congested* to a remarkable extent."—*Watson's Practice.*

In these cases our friend cannot introduce his *double acting* "calvarium removing" to account for the "blanched appearance" or the "tinged appearance," since Dr. Burrows has taken the precaution to use *ligatures* around the *throat tight* enough to prevent the flow of *blood* or *fluids* either to or from the cranium.

From the facts and arguments now presented, we have the following inferences: 1st. "the contents" of the skull are capable of being "increased" either *suddenly*, or *gradually;* 2nd, one well determined fact in questions of a purely

scientific import, is of more importance than many "*processes* of a priori reasoning,"

In reference to the question, of the "brain being removed entirely from the direct pressure of the atmosphere, it would seem from the foregoing facts, to be entirely unnecessary to make any other remarks. Yet there are some considerations which may be presented under this head, out of respect at least, to the reasoning presented by our friend upon this topic.

According to the showing of our friend, the brain is entirely preserved from the direct pressure of the atmosphere. This is its normal condition. This the arrangement necessary to its healthful action. From this, the inference would seem naturally to flow, that if the *direct pressure* of the atmosphere was brought to bear upon the cranial contents in addition to the "*indirect*" which he claims, serious results, or some derangement at least, would follow. But such is not the fact. Children who have portions larger or smaller of the cranium unossified, allowing this *contact of forces*, according to the theory, have quite as healthful cerebral circulation during this portion of their lives, as after the soft parts become ossified. Again, very numerous cases are upon record, in which portions of the cranium have been removed either by operations, or the action of disease upon the bones of the skull. In such instances, notwithstanding the "collission" all has moved on most harmoniously. From this consideration alone, we are perfectly satisfied that "the removed pressure" is purely an assumption. For fear of offending our author, we will not pass his attempt to set aside the conclusion of Prof. Gross, "that in reference to *pressure*, the brain was circumstanced *pretty much like* the abdominal viscera. The whole drift of our friend in this case is to render by extreme suppositions the positions of Dr. Gross absurd. Hence, we are informed, that if by some process the whole contents of the cranium could be removed, all other things remaining as they are, we should have the medulla oblongata pushed up into the top of the cranium. An absurd position, truly, for that portion of the spinal column. But suppose we take the abdomen, and imagine its entire viscera removed, then by a priori of reasoning, its walls would be brought into contact with the back bone. Truly a singular position for those walls. But this mode of pushing things, proves nothing in either case. Here again may we refer to the child with the unossified portion of skull, and witness the balance of internal and external pressure, with no such untoward push-

ing as would according to his new theory follow. We therefore see nothing in our friend's reasoning to invalidate the position of Dr. Gross, "that the brain is subject to direct pressure in some directions, though not in *all*." We here give a quotation from Todd and Bowman, and then pass from this point.

"The cranium, however, though spheroidal, is not a *perfectly* solid *case*, but is perforated by very numerous foramina, both external and internal, by which large venous canals in the diploe of the bone communicate with the circulation of the integuments, as well as with that of the brain. So that the one cannot be materially affected, without the other suffering likewise. And as the circulation in the integuments is not removed from the direct pressure of the atmosphere, neither can that which is so closely connected and continuous with it, be said to be free from the same influence."

"Whether the brain is compressible or not, into a smaller compass, it is *clearly capable* of having different degrees of pressure applied to it, and of being pressed out of its ordinary *form*. The pressure may produce *fatal coma*."—*Watson*.

The above is the essential part of the quotation from Dr. Watson, made in our former article, from which we inferred that he like many of the profession, viewed the "essential incompressibility of the brain," and "compression as it exists in apoplexy," as two separate and distinct questions not necessarily connected. The author finds fault with us for not giving "*our opinion*," but he will be kind enough to remember, that we disclaimed at the commencement, giving anything as our opinion, simply as ours. He is also not quite satisfied, because in the quotation Dr. Watson has not said whether he did not believe in the compressibility of the brain. Here again, our author will bear in mind that our quotation was not for the purpose of showing how Dr. Watson stood on the "compressibility," but that he looked upon the two positions referred to, as not of necessity connected, which our friend would have. Our author then proceeds to make the following *strongly appearing* paradox for us, by saying as follows:

"Were the essential incompressibility of the brain determined beyond a doubt, the reviewer it appears, would entertain the question whether *compression* of this same *incompressible organ*, is the essential cause of apoplexy."

But this paradox, as our friend thinks the above, is very

easily stripped of its mantel, when its force will become apparent, and decide its place among the pseudo paradoxes. The term compression is convertible into, and perfectly synonymous with the term *pressure*, and the expression, *varying pressure*, as used by authors generally upon the subject of apoplexy. The author himself admits that the vessels of the brain, or *some* of them may have a "*large accumulation of 'blood'* in them, producing '*unnatural distension.*'" He also thinks that "interrupted circulation" is the cause of apoplexy; and is finally of opinion that the brain is perfectly "incompressible."

Now, a fair logical inference from these three positions of the author, will, we think, place him upon his own paradox. Let us try and see if he can make out a fair case. His "*interrupted circulation* may very naturally follow from the "*unnatural distension;*" that "*unnatural distension*" is *fact*, though not so admitted in *words*, is *unnatural* pressure upon the *part so distended;* at the same time the incompressibility is settled beyond a doubt in his view. Therefore, *even* our friend will entertain the question whether "*compression*" of this same "*incompressible*" organ, is the cause of apoplexy? But there is nothing paradoxical in the case. Therefore, we may all entertain it with perfect consistency. In regard to the "vacuity" we have only to repeat what we said on a former occasion upon the meaning of this term as used by Dr. Gross. We then made the following remark: "But Dr. Gross has thrown a guard around the word vacuity, by saying, 'or in other words, those parts do not lie in *actual* and *close contact.*'" Therefore he cannot mean vacuity in the sense of a "*perfect void.*" Consequently he cannot claim to have found the great philosophical desideratum, a "*perfect void*" in the human skull. But our author still insists, that the Dr's. "singular penetration" has enabled him to make this remarkable discovery so early as the nineteenth century.

The author informs us that when Dr. Gross uses the expression, "or in other words, those parts do not lie in *actual and close contact:*" he is only paraphrasing the word vacuity. From this, then we must infer that "vacuity" in the sense of a "*perfect void*" is equivalent to and synonymous with the expression, "things not in actual and close contact." Hence, this desideratum of ages by the ingenuity of our friend is rendered plain, intelligible, and quite easily attainable, and only means, "things not in *actual* and *close contact.*" How truly simple are all great scientific truths when once under-

stood! It was truly fortunate for the reputation of Prof. Gross that he made his *great* discovery just when he did, else he would have been preceded by the author of the thesis, whose "very singular penetration" was also pressing in the same line of deep investigation. We are accused of finding fault with our author for "being out of the path on opposite sides at the same time." And he would make our objections show inconsistency on our part. This inconsistency of ours consists we are informed, of calling his reasoning too "a priori" too "speculative" and too "mathematical". If we erred in calling the reasoning a priori, we erred by calling it what he calls it in his former paper. As for calling it "mathematical" and "speculative:" at the same time, we assure our friend that there is nothing inconsistent on our part, for he must well know, that a man may take a "mathematical" basis for a starting point, and yet run his reasoning upon that very basis into speculation. Our friend must also know that purely mathematical studies have their speculative views. And if he was *out* of the path on both sides at the same time, he should reflect upon himself for thus straying, and not upon us for thus hunting him up under such precarious circumstances.

Finally, it is said that we object to reasoning based upon the axiom "that nature is uniform in her operations." This serious charge is made from the fact that we did make some objections to the "diving bell argument of the thesis." That argument was stated as follows by the author in the thesis:

"If it be true that pressure on the brain is the cause of apoplexy, then every one who descends in a diving bell, so as to increase pressure three fold, must have apoplexy. But this is not the case. Therefore *pressure is not* the cause."

To this in our former article, we replied that all who were exposed to malaria, did not have ague and fever—all exposed to small pox contagion, did not have small pox. "Nature *is uniform* in her operations;" therefore the *circumstances required* as a *whole* in one case of disease, will be required in the production of all other similar cases. The existence of malaria and small pox contagion, are important circumstances, parts of the *whole circumstance* required in ague and small pox. But a part is not equal to the whole, therefore other circumstances must be added, before you can have the case complete. "Nature is uniform in her operations." Thus in regard to pressure in the apoplectic state, it si an

element, say if you will, essential, yet an element, a part; and a part is still less than the whole, though an important part; and "nature is uniform in *all* of her operations; hence all the elements that she requires to enter one case, she will have in all other cases of a similar kind. Pressure is not the *only* element in apoplexy, and never had such a position assigned to it—though important—though essential, yet *one* only of the *circumstances required as a whole* to make up that disease. And as "nature is uniform in her operations, she will have all the required circumstances, before we have a case, whether we send the subject into the diving bell for apoplexy, into the West for ague, or into the wards of the small pox hospital for small pox.

We now are ready to take a final leave of this subject; having shown, that the medical profession do not teach "that compression of the brain as it exists in apoplexy *is necessarily* dependent on an increase in the aggregate contents of the cranium;" that the "aggregate contents" may be suddenly increased; that "compression as existing in apoplexy, and the essential incompressibility" of the brain are separate questions, not *necessarily* connected; and also that the remaining questions introduced in this paper, are drawn into the train of those just mentioned. And we would say in conclusion, that our aim has been pointedness and brevity, as far as consistent with clearness. That we may have failed in courtesy, is not improbable, but if so, it has occurred more through inadvertence than intention. In offering our comments in our former paper, we did so through the impression that the appearance of the thesis in the Lancet, made it, and not its author, public property. If we are mistaken in this, or if our article has from its early appearance, driven some able reviewer from the field, then we must apologize to our friend, that he had not "a foeman worthy of his steel." With these remarks of a general kind, we also give our friends the Editors the comfortable assurance that upon this topic we will not trouble them again.

ART. II.—*Obstetric Catechism.* By J. E. PATTISON, M. D.

Continued from Page 774, Vol. XII.

COMPLEX LABOR CONTINUED.—*Order* IV.—*Convulsions.*

Question.—Under what conditions of the system do convulsions usually occur?

Answer.—A convulsive paroxysm during labor may occur under two extreme states of system diametrically opposed to each other; the one in which the cerebral vessels are inordinately distended with blood; and the other when they have been drained almost empty.

Q.—At what period may they occur?

A.—At any period of the latter half of pregnancy, or in any stage of labor; they not unusually first make their attack many hours, even after the child is born, and the placenta expelled. At other times they occur when the head is pressing on the outlet of the pelvis, and distending the perineum, when the uterus has been acting excessively strong, and the labor is lingering.

Q.—What are these puerperal convulsions caused by?

A.—They are considered by many as a species of apoplexy, and caused by the stress upon the cerebral vessels during the labor pains.

Q.—Explain the symptoms.

A.—The premonitory symptoms are headache, varying in kind and degree, but generally of a dull, obtuse, or tensive character, liable to be increased, particularly on stooping; an ædematous condition of the face and upper extremities; these symptoms are often accompanied by one or more of the following, viz: vertigo, tinnitus aurium, flashes of light before the eyes, or muscæ volitantes, temporary loss of vision, flushed face and pain at the epigastrium, and an albuminous state of the urine.

Q.—Does this albuminous state of the urine frequently exist some time previous to the convulsive seizure, and can it be depended on as a premonitory symptom?

A.—Yes, it does according to Dr. Lever's ample experience as set forth in Guy's Hospital reports, and whose conclusions have since been satisfactorily confirmed by the researches of MM. Teveliers and Regnault. The cause of this albuminous state of the urine is, according to Dr. Lever, the consequence of pressure on the renal veins.

Q.—In case any of the above premonitory symptoms present themselves, what is the treatment?

A.—In a woman pregnant for the first time, if she was of a full habit, and near the full time of partuition, active assistance should be rendered by bleeding and mercurial purgatives to rescue her from the impending danger.

Q.—How is the approach of a convulsive seizure during labor indicated?

A.—The patient will be in a state of restlessness and impatience, especially at each recurrence of the pain, so that it is with extreme difficulty the patient can be restrained from flinging and tossing herself about; her manner too, is often changed, and unlike what is natural to her. At other times, there will be a temporary loss of consciousness—a rigor—a reactive state of pulse, and headache.

Q.—What do the existence of these warning symptoms justify?

A.—Immediate bleeding, free evacuation of the bowels, administration of nauseating doses of emetic tartar, and other prompt remedies of the same class.

Q.—Is there any relation to be traced between puerpural convulsions, and peritoneal inflammation?

A.—Most certainly, as was first noticed by Dr. Denman, and has been fully confirmed by all subsequent experience, which is a reason of itself for our using strong depletory means.

Q.—Will the stethescope furnish us with any assistance in these cases?

A.—Most decidedly so. The use of the stethescope in these frightful cases, is not unfrequently a source of valuable information, both as regards prognosis and practice, and on this account auscultatory examination of the fœtal heart should never be omitted, whether the patient be in labor or not.

Q.—Give an instance of its utility.

A.—Thus, after an attack of convulsions, in the latter months of pregnancy (and before the accession of labor) we shall be anxiously asked by the patient and her friends, whether gestation is likely to go on to the full term, and whether the child has suffered in consequence of the fits. Here before answering the first of these questions, we must determine the second; for the probability of the woman's completing her pregnancy mainly depends on the vitality of the fœtus; if this be unimpaired, utero gestation may reasonably be expected to proceed to the natural period of parturition, unless the fits should recur; but if the child has perished (as commonly happens when the convulsions are violent), then labor will ensue at the usual period, after the death of the fœtus in utero within ten days or a fortnight. Here the stethoscope, by giving us tolerably positive information as to the life or death of the child, will enable us to answer these questions satisfactorily.

Q.—What then is the remedy most to be relied on, for combating this formidable complication of labor?

A.—Full and sufficient and instant bleeding; for not only does it abbreviate the number and severity of the convulsions, but it is calculated to prevent the bad effects of cerebral congestion, occasioned by the fits which usually come on when the labor has reached the summum of its intensity; and it also further tends to lessen the risk of abdominal inflammation after delivery, to which we have already seen there is a great liability. The quantity to be drawn must be regulated entirely by the effect it has on the convulsions or constitution. In addition to this, the head may be shaved and ice applied. During the fit the tongue must especially be guarded from laceration, by inserting a piece of wood between the teeth; should uterine action be suspended, and other circumstances favorable, it will be desirable to deliver the patient as speedily as possible, either by the forceps or by turning.

Q.—What circumstances would guide you in forming a diagnosis?

A.—Before forming a prognosis, there are many circumstances which must be taken into consideration.

It may be laid down as a general rule, that the earlier the period of labor at which the convulsions occur, the more grave and guarded should be our prognosis: those also, where the convulsive paroxysms are violent and prolonged—where they recur at short intervals—and where they are followed by profound or long continued coma, are to be viewed with much apprehension.

RUPTURE OF THE UTERUS.

Q.—Is rupture of the uterus almost always fatal to the mother and child?

A.—Yes, generally so; for (says McClintock) of all the accidents that can befall the parturient woman, there is none held in such profound dread, or which is so uniformly fatal to both mother and child, as laceration of the womb.

Q.—Are there no cases of recovery?

A.—The records of science, it is true, contain some cases of recovery after this lesion; but the proportion that these bear to the number of fatalities, is deplorably small—just sufficient to keep us from utter hopelessness.

Q.—Explain the diagnosis or circumstances which may be regarded as signs of laceration of the uterus.

A.—It may arise from various causes. First, from deficiency of space. Thus, if there had been considerable difficulty in each of her former labors, and that the children

were dead born, these circumstances would afford tolerable certain evidence of the capacity of the pelvis being defective; and we believe it to be incontestibly proved that this constitutes one of the most frequent predisposing causes of rupture of the uterus. Secondly, other causes, such as morbid adhesions—any violent blow, or softening of the walls of the organ, may give rise to it—or even it may happen without any assignable cause.

Q.—What are the symptoms?

A.—These, (says Churchill) vary very slightly whether the uterus be torn completely through, or whether the peritoneal or muscular tissues alone be injured; the accident is marked by a sudden, acute, and intolerable pain, like a cramp; a sense of some part bursting, giving way, or tearing with an audible noise sometimes, the suspension of the labor pains, hemorrhage, and a rapid succeeding state of collapse and vomiting ensues; at first, of the contents of the stomach, then of a greenish, and ultimately of a black matter—the characteristics "coffee ground vomit"—the countenance is pale and ghastly, with an expression of intense suffering and anxiety; the surface is cold and clammy; the pulse is rapid, small, feeble and fluttering; respiration hurried and the patient requires to be raised in bed. When the rupture is complete, the expulsive efforts cease; the patient may die in the state of collapse, or reaction may take place, and peritonitis with its acute pain, abdominal tenderness and hurried respiration, &c., may delay the closing scene for a few hours, or even days, when death generally terminates their sufferings.

Q.—Practically speaking, what are the symptoms during labor that may lead one to fear this accident?

A.—Constant and violent uterine action after the rupture of the membranes, and discharge of the liquor amnii, without any corresponding impression being made on the fœtal head—the occurrence of a crampt pain in the lower part of the abdomen. Dr. Douglas says that a violent pain in one particular point near the projection of the sacrum, should excite apprehension.

Q.—On the practitioner's marking these premonitory symptoms, what action can he take?

A.—The all important practical questions that will ever and ever again recur to the mind are "how long are we to rest satisfied with watching the effects of nature, and what assistance does the case require?" Before using instruments,

he will if possible, take counsel with another practitioner; he can at once bleed and give a dose of tartar emetic, which may possibly alter the state of the case.

Q.—Will the stethoscope give us any diagnostic information?

A.—It is a well established fact, that in ruptures of the uterus, the child almost invariably perishes within a very limited space of time after the occurrence of the accident. A knowledge of this circumstance at once suggests the employment of the stethoscope as a source of diagnostic information in doubtful cases of ruptured uterus; but it is more particularly valuable in distinguishing some accidents and complications of labor from this former one, with which they may be confounded, from their possessing many symptoms in common. Says McClintock, we have witnessed two or three instances in which symptoms of a very alarming character, and such as were calculated to excite suspicion of rupture of the uterus, arise during labor, but in each of these the persistence of the fatal cordiac sounds led to the conclusion that laceration had not taken place, a diagnosis that has subsequently proved to be correct.

Q.—How are we to be guided in the treatment of ruptured uterus?

A.—The treatment of this complication may for the sake of convenience, be considered in reference to the separate periods, viz: before and after delivery.

Q.—Explain the treatment before delivery.

A.—The object is to effect delivery as speedily and gently as possible, and after this has been accomplished, to remove the placenta, should it not come away of itself within a very short space of time. In performing this latter operation, the hand must be carefully guided along the funis, else there will be danger of its passing through the rent; whilst the hand is in the cavity of the womb, the edges of the rent should be brought in apposition.

Q.—What are the modes in which delivery may be effected?

A.—There are three modes in which delivery may be effected, viz, by turning, by the use of the forceps; or by the perforator and crotchet, according to the nature of the case.

Q.—Respecting treatment after delivery, what is to be noted?

A.—Judging from analogy, says McClintock, one would

be inclined to think that the opium treatment held out a fair promise of success. In Dr. Collins' two cases of recovery, copious leeching, free purgatives, and diligent steeping seem to have constituted the chief part of the practice.

Art. III.—*Neuralgia treated by Black Snake Root.*

I send you from my *register*, the history of half a dozen cases of Neuralgia, treated by the tincture of black snake root. I commenced using this article about two years since, in the case of Mrs. Mc—— after the reported articles had failed to relieve her of a periodical attack of facial neuralgia. Cathartics, quinine, arsenic, and iron, had in turn or conjointly, all been used without accomplishing any permanent benefit for the patient. The pain would make its appearance in the morning, soon after sunrise, and increase in severity until mid-day, when it became so excrutiating, as scarce to be endured by the patient. This state of affairs would continue for an hour or two, and the pain would then gradually diminish in intensity until evening, when she became comparatively comfortable.

At this time, December 8th, 1850, the tongue was covered with a thick white coat, bowels open, pulse accelerated, and during the exacerbations, they became full with some force. The parts affected were tumid, above natural temperature, and exceedingly sensitive; intolerance of light and sound, and the eye of the affected side suffused and injected.

I began by directing the patient to take a drachm of the tincture of black snake root every six hours, and persisted in its use for twenty-four hours, without much abatement of the painful symptoms. The same amount of medicine was still continued, but at intervals of four hours, with marked improvement in the condition of the patient by the next daily visit. A mercurial cathartic was now administered, to correct the depraved secretions, and unload the bowels. The other medicine was continued *ut supra*.

On the afternoon of the following day, December 11th, I found that the cathartic had acted briskly, and the patient had missed the paroxysm, the first time for thirteen days. But there was a sense of confusion in the head, and a dull, heavy pain in the occipital region, with a dragging sensation in the external ear. The following day, the patient took four

drachm doses of the medicine, without any return of the paroxysm. Medication was now suspended, and the cerebral symptoms soon disappeared.

Case II, was intercostal neuralgia, of three years standing, in the person of Mrs. W.; it was periodical in its nature. Almost every article of the materia medica which promised any prospect of relief, had from time to time been brought to bear upon the case, with but temporary relief. After correcting the secretions, the tincture of macrotys was administered in drachm doses, every five hours for three days, before the patient was perfectly free from the pain, it having commenced to decrease after the first thirty hours. She took the same amount of medicine three times per day for a week; since when, the patient has not had a return of neuralgia.

Case III. J. I., aged 24. Nervous temperament, has been laboring under super orbital neuralgia thirty-six hours. The left half of the forehead is tumid as high up as the scalp, and extending across the temple. The entire extent pervaded by the disease is of a scarlet hue, exceedingly painful and sensitive. Tongue covered with a white fur, bowels constipated, skin dry and harsh, pulse quick and corded. I directed him to take immediately, half a scruple of calomel and eight grains of Dover's powder, to be followed in three hours with an ounce of sulphate of magnesia. After the bowels moved, he was to commence and take every fourth hour, a teaspoonful of the tincture of black snake root. The next day, March 23, 1851, I learned that my patient's bowels had been freely acted upon, and that he had taken five doses of the tincture. The pain was less acute; light and currents of cold air could be endured without inducing such intense suffering as on the 22d. The same amount of medicine was directed to be continued at intervals of three hours, and ten grains of Dover's powder at bed time.

On the 25th, the patient informed me that he had rested better during the night, than any former period of the same duration, since his seizure. He expressed himself perfectly free from orbital pain; and the tumufaction had almost wholly disappeared, as well as that of the redness. The patient complained of an uneasy sensation in the upper and back part of the head, and humming in the ears; which confused and annoyed him very much. I ordered the medicine to be omitted, and directed a brisk saline cathartic. The next day I found my patient comfortable, and free from all trouble in the head.

Case IV. Mrs. E. aged 27, sanguine temperament, has had neuralgia for five days, during which time she has been unable to take any regular sleep. Has been under the influence of hydropathic treatment from the beginning of the disease.

December 19th, 1851, I found her laboring under all the symptoms of facial neuralgia, in an aggravated form. The nerves of the right side were affected, her bowels open, skin above natural temperature and dry, pulse quick and corded. There were no diurnal mutations. I put her upon the use of the tincture of macrotys racemosa in drachm doses every three hours.

I saw her the next day, after she had taken an ounce of the medicine, and learned that the pain had gradually diminished after the fourth dose, and now she was perfectly free from all uncomfortable sensations about the head. There was no more return of the disease.

Case V. Mr. M., age 36, scrofulous diathesis. This patient has been laboring under an attack of bilious vomiting and fever for five days; but which has been controlled by the use of alterants, anti-philogistics and quinine. At present, January 15th, 1852, his tongue is clean, bowels open; skin dry and harsh, pulse quick and corded. The right side of the face and temple are of a crimson hue and considerably swollen. There is intolerance of light and sound, and the eye of the affected side is suffused and injected. A sharp shooting pain emerges from a point, just in front of the right ear, and radiates over that half of the face, brow and scalp. It is of the most acute character. Having taken a drachm and a half of quinine in arresting the fever, I deemed it unnecessary to push its use any further in this case. I therefore commenced immediately upon the administration of the tincture of black snake root. He took an ounce in twenty four hours, in divided doses, without any beneficial results. The skin was unusually dry and harsh, and above natural temperature. I directed to be taken with the medicine, a drachm of wine of antimony every three hours, and a fourth of a grain of morphine at bed time, for the pain was continuous.

On the next afternoon, January 17th, I learned that the patient had rested quite well during the night, and since, had not felt any pain in the face; but was suffering as much as ever from a dull heavy pain, pervading the head generally, and a sensation of roaring and buzzing in the ears. The

medicine was omitted, and the patient took five grains of blue mass, and twelve of extract of colocynth. The cathartic acted three times before bed time, and the next day the patient was free from pain and unpleasant sensations in the head. There was no return of the disease, and the convalescence was rapid.

Case VI. Mrs. C. age 31. Nervous temperament, has been suffering from orbital neuralgia of the right side for six days, during which time she has taken freely of cathartics and anodynes.

I saw her the first time on the 10th of March, 1852, and found the patient suffering from the most excrutiating pain. There was great intolerance of light and sound, twitching of the orbito-ocular groups of muscles; puffiness of the right side of the forehead and scalp. The eye of the affected side was almost closed from ædema. The pain was intense, lacerating and continuous. Bowels constipated. I directed an active purgative to be taken immediately, and after its action, to commence the use of the tincture of black snake root in teaspoonful doses every three hours.

I visited my patient the next day, and she expressed herself much relieved. Her bowels had acted freely, and she had taken half an ounce of the tincture. The medicine was continued; half an ounce more taken before the pain disappeared entirely; since when, she has had no return of the disease. It may be of interest to add here, that Mrs. C. has been accustomed to neuralgic seizures during the cold and damp season of the year, and heretofore they have been exceedingly intractable.

Case VII. Mrs. M., age 27, enciente. Sanguine temperament, has had facial neuralgia of right side, for seven days, during which time, she has taken two ounces of the tincture of macrotys, prescribed by a druggist. The case is well marked, skin hot and dry, bowels constipated, pulse full with considerable force. I drew twelve ounces of blood from the arm, gave a saline cathartic, and ordered her to take a drachm of the tincture of macrotys, with as much wine of antimony every three hours.

The next day I learned the cathartic had acted freely, and the patient was free from pain. There was no return.

In presenting this summary, I have endeavored to select those cases which appeared to be purely nervous in their nature. I have also excluded those that were symptomatic of, and dependent upon local lesion going on in other parts; in

order to exhibit the uniformity of action of this agent under certain circumstances. To secure the prompt therapeutic action of macrotys racemosa, it would appear important to relieve the alimentary canal of sabural secretions, and as far as possible, remove all irregularities of the circulating fluid. I do not know that its action tends in any manner to increase febrile reaction when present, nor to produce local determination to any particular organ; but, on the contrary, I am strongly inclined to the belief, from my observation of the effects of this article, that it acts as a sedative to the hearts action. When excessive repletion or preternatural excitement of the heart and arteries is present, as in cases fourth and sixth, and others I might mention, the constitutional action of the remedy was not manifested until these conditions were removed. Neither did it act in subverting the disease. When I am now called upon to treat an idiopathic nervous affection, I prepare the system for the use of the cohosh, in the same manner as though I were going to administer quinine, to which I am strongly disposed to think it is related in its mode of action upon the nervous system. Where the system is thus prepared, in idiopathic attacks of neuralgia, I place more reliance in the above mentioned article, than any other of the materia medica. My confidence grows out of this fact; in my hands, it has acted more promptly in removing this painful affection, than any other remedy. It will not cure every case of *tic doloreaux*, neither will quinine relieve every attack of fever and ague.

There are at least three features connected with the treatment of idiopathic neuralgia by black snake root, which will forcibly impress the mind of every one, who may chance to glance over the history of the above cases. I allude to the amenability of the disease to its action. The simplicity of the medication, and the speedy manner in which the use of this agent overcomes and subdues the painful affection. The only adjuvants that appear to be necessary to ensure its prompt action, are those calculated to remove general and local excitement of the vascular system, and correct the secretions. If the pain was severe, I might administer an *anodyne* to quiet the patient until the medicine had time to bring the system under its influence. It will be observed, that the time required to develop the constitutional effect of the remedy varies from twenty-four hours to three days, depending upon the state of the secretions, vascular system, and amount of medicine administered.

It is the nervous element of disease, upon which macrotys racemosa achieves its most salutary effects; and will be successful in controlling morbid action going on in that system, in proportion as it is uncomplicated. To this fact, I am disposed to refer all the discrepancies of opinion which exist in the minds of authors, concerning the action of this remedial agent.

There was present in one half of the cases above mentioned, a certain train of cerebral symptoms, manifested by a feeling of uneasiness at first, speedily followed by a severe, dull, aching pain, pervading every part of the brain; together with a drawing at the external meatus, and a roaring, buzzing sound in the ears. I am unable to foretell what might have followed, had this medicine been pushed further in these cases, but I never have observed any symptoms of *narcotism*, mentioned by authorities as following the free administration of macrotys. I view this train of symptoms as so many indications of the constitutional effect or revolutionary action of the remedy. To this state of affairs, we may with propriety apply the term *macrotinism;* beyond which, it is neither necessary or safe to go.

I am not prepared to say what effect *macrotys* may have upon the *nervous element* of intermittent fever, but reasoning *a priori*, I conclude to test the *probability* is worthy of a patient and thorough trial.

ART. IV.—*Death from Hemorrhage of the Bowels, following Congestion, Autopsy.* By LEW. SLUSSER, M. D., Canal Fulton, Ohio.

We frequently meet with cases, that resist our best directed efforts for their relief; and which from their very nature, seem "determinately fatal." Their symptomatology is not only unlike anything we have *seen* before, but they do not even correspond with any monograph we may have previously *read.* In doubt as to the pathological lesions involved, we are necessarily thrown upon our own resources, unaided by our own experience, or the recorded experience of others. As a consequence, our remedial means are tentative, the indications being our only guide. And although our contribution in the present instance, is of a negative character, so far as successful therapia is concerned, yet, it has oft times been

a question in my mind whether the profession would not be as much benefited by the publication of unsuccessful cases, as by the present almost universal practice of detailing those of an opposite character. How far these prefatory remarks are applicable to the case subjoined, the reader can form his own opinion.

I was called Thursday morning, September 11th, 1851, to see Miss A——, aged 19, of sanguineo-bilious temperament. Her general health previous to this time, had always been remarkably good. I found her laboring under an exacerbation of fever; hot, dry skin, frequent pulse, felt occasionally chilly, and complained of pain in her back and limbs. She had urgent thirst, with irritable stomach, having vomited excessively, and now retching every time she drank. I could not observe anything abnormal in the appearance of her tongue. Her mother had given her a dose of cathartic pills, the evening previous, at which time she complained of headache and loss of appetite. They had operated four or five times, but without any amelioration of the symptoms.

I regarded the case, as an attack of malarious fever; and with a view of quieting her stomach, administered in combination, a small portion of Hydrar. Chlo. and Sulph. Morph. This, she immediately threw up. I then gave her a pill of solid opium which she retained. Prescribed effervescing drinks, powders of Hydar. Chlo. and Doveri, one every two hours; and as her residence was near my office, promised to see her again in a few hours. This was about 9 o'clock, A. M.

About 12 M., I was again sent for. Found her suffering great pain in the right hypocondric region, coming on in paroxysms; at times, so excrutiating as to cause her to cry out, and toss about the bed, apparently in great agony. There was tenderness upon pressure, over the præcordial and hepatic region, with a decided icterode hue of the countenance. Other than this, I could perceive no appreciable change in her condition since my former visit.

Regarding the pain, as pathognomonic of congestion, I ordered a sinapism over the affected part, administered a free portion of quinine and morphia, and left several powders of the same to be repeated, one every hour until relief was obtained. After taking the second portion, she expressed herself as feeling "quite comfortable" the pain having entirely left her.

In this condition, she remained until 5 o'clock, P. M.,

when I was summoned in haste, and informed that about half an hour previous, without any premonitory symptoms, she was taken with alarming hemorrhage of the bowels; having passed successively, at intervals of about ten minutes, the full of three ordinary sized urinals, the last of which, I saw. It had the appearance of ordinary venous blood, and was unmixed with fœcal matter. From there presentations made, I should judge the quantity passed to be from six to eight quarts.

Her condition at this time, evinced much prostration. Pulse scarcely perceptible; extremities cold; countenance cadaveric, though there was an unwonted lustre about her eyes. Her intellect was unclouded. She did not complain of pain, but tossed herself about in bed, as if in distress. As she was evidently in a sinking condition, I immediately commenced the exhibition of stimulants, and ordered injections of Tr. Opii. and acetate Plumbi. in mucilage of starch.

Expressing an unfavorable prognosis, and a desire for consultation, Dr. Houtz was called. He was inclined to attribute the hemorrhage to the rupture of a blood vessel, occasioned, as he supposed, from injuries received in a runaway with a fractious horse, the Sunday previous. It may be proper here to remark, *par parenthese*, that although as it was represented she sustained considerable nervous shock by the accident, yet it soon passed off, and from the fact that she engaged in household duties on the Monday and Tuesday following, and without complaint, contradicted in my mind, the idea of a rupture of a blood vessel; be that as it might, her present condition was such as to demand active stimulants; and for the purpose of meeting that indication, as well as to relieve a congested condition of the liver, which the symptoms led me to believe existed, we *compromised* upon the following prescription:

℞ Sub. Mur. Hydrarg.
Capsicum pulv.
Sulph. Qui. aa gr. v.

To be given every two hours. Capsicum embrocations, and sinipisms to the extremities. Astringent injections, and brandy internally; *pro re nati.*

Several times during the night, she appeared to rally; but it was only momentary, as she would soon again relapse into a moribund state. She had several hemorrhoidal discharges, but they were small. She continued to sink, and died next day at eleven o'clock, about twenty-four hours from the time

congestive symptoms appeared, her intellect undisturbed to within an hour of her dissolution.

Autopsy, seven hours after death.—General aspect, livid. Limbs quite rigid. Made an incision from the base of the sternum to the symphysis; and from the umbilicus on each side, extending to the rib opposite. In dissecting up the tissues, there was no capillary effusion; indeed, in the whole dissection, we did not discover a single drop of blood. Peritoneal investments, exsanguinous. Stomach and small intestines distended with gas, but so far as we could observe, entirely destitute of injesta. Liver and spleen paler than natural. Cutting into their parenchamatous structure, no blood was discharged. Gall bladder about one-third full. No hepatic obstruction of the ducts. On laying open a section of the transverse colon, we could discover no evidence of inflammatory action; as there was neither redness or softness of the inner coat. Circumstances prevented our extending the examination to the thoracic viscera; and as there were no lesions of the organs therein contained, apparent during the progress of the case, we did not deem it necessary.

Remarks.—The case is of interest, whether we view it with reference to its obscure pathology, or its speedy termination. Was the hemorrhage the result of exosmose, and it a consequence of congestion, or could there have been organic disease of the heart or its appendages that retarded the progress of blood, thereby forcing it upon other viscera, which resulted in an exhausting depletion? We are told that extravasation of blood is liable to follow hepatic congestion, that the blood "passes through the secreting vessels of the liver to the *tubuli biliferi*, replacing or mingling with the bile, and is discharged by the larger gall-ducts into the ailmentary canal." The pathology of congestion is acknowledged to be obscure, particularly that which is occasioned by malarious fever. It is evident, that the proximate cause of death in this case, was the loss of blood; what occasioned that, may be, as it was at the time of its occurrence, *a disputed question.*

ART. V.—*Case of Wound of the Lungs.* By JNO. A. SKINNER, M. D.

The following case being something of an anomaly in the practice of surgery, so far as I recollect, I take the privilege

of transcribing it for your inspection and publication, if thought of sufficient interest. It occurred among some "rowdies," in a melee, near 1 o'clock A. M. on the 25th of January last. The patient, J. I., received two wounds, one struck the sixth rib on the right side of the body, glanced upwards and outward, making a superficial wound some three inches long, the second was received between the eighth and ninth ribs and penetrated the substance of the right lung in its course, severing the intercostal artery, as was indicated by the color of the blood as well as the profuse jetting hemorrhage. In this condition the patient walked, unaided, two squares, called his family physicians, Drs. Wise and Geiger, who after a partial examination had me summoned in consultation. We found the principal wound one and three-fourths inches long, from which upon each inspiration the air from the wounded lung would escape with a shrill sound and the patient had become so much exhausted from the loss of blood, that he could scarcely articulate. He was a medium sized man, of full habits and powerful constitution, about 30 years of age, and considerably under the influence of spirits at the time of receiving the wound; we proceeded at once to close the external orifice by compress and bandage, though the patient assured us the hemorrhage was unchecked internally, and also that the air from the lung continued to escape into the thorax, and which could be distinctly heard by applying the ear to the parietes of the chest. These symptoms continued about two hours, when respiration was arrested partially by the infiltration of the thoracic cavity, the extremities became cold, and those present supposed him dying, he was raised nearly to a sitting posture, from which he afterwards expressed a sensation of blood escaping from the plural sac, which permitted the lung to expand and contract feebly at first, but regularly, and finally the sensations of internal hemorrhage gradually ceased, probably from coagula having formed at the mouths of the divided vessels.

The medical treatment in the case consisted in keeping the bowels in a soluble state with saline purgatives; and for the purpose of arresting a very troublesome hacking cough, we used Ipecac, G. Acacia, and Ext. Glycyrh. pulvis, aa. gr. v., once in two hours. The prognosis we considered unfavorable; the countenance exhibited an ashy paleness such as we only find as the result of extreme exhaustion from hemorrhage, great dyspnœa, and on the second day the sputa freely mixed with fresh blood, emphysema of the entire chest very prominent,

from which we anticipated at least a formidable attack of pleuritis, which as a secondary consequence, in combination with its constitutional inflammatory action, would prove fatal if the first stage should not, which appeared quite probable. The room was kept dark, the patient was not allowed to converse, no unnecessary company admitted, and although the hemorrhage was excessive, we anticipated an inflammatory action either from excess or deficiency of the circulating fluid, either of which are common; but were agreeably disappointed as there was scarcely an unfavorable symptom, which from the extensive injury to the vital organs and parts in immediate connection with them I consider quite remarkable, The emphysema gradually receded and in four weeks from the occcurrence, and at this time, the patient enjoys as good health as formerly.

ART. VI.—*On the Recommendation of Nostrums by Physicians.* By HUGH RONALDS, M. D, Evansville, Ia.

While our whole western country is flooded with patent nostrums, infallible remedies and specific cures for every complaint under the sun—while nearly one half of the business of our drug stores is supplied by the sale of patent remedies—while the regular practice of medicine is daily less and less depended upon for the cure of disease—while the respectable portion of the medical press is continually calling upon the profession to set their faces against the spread of this great abuse, we daily see instances of the most flagrant quackery, in the form of recommendations to nostrums practiced by some of the most influential members of the profession; while among the principal part of the professional public a dispute appears to exist, as to how far, or undet what circumstances a medical man is justified in giving a favorable testimonial to a medical preparation.

By many it is considered that if a physician is really satisfied that a remedy possesses remedial virtues, he is justified in testifying to it as such. While others consider it essential that the physician should be made acquainted with the composition of the remedy before he can recommend its use.

Now it appears to me, that in arguing this question, one essential point has been too little considered, namely, the ultimate effect which such recommendations are calculated to produce. The question, is not only as to the efficacy of the

remedy in the treatment of disease, but as to the use which is to be made of it, and of the affixed recommendations.

If, for instance, a chemist by some peculiar process, should succeed in the preparation of some superior form of extract, or in the happy combination of various substances, so as to produce an article of remedial powers, and offers that article to the profession, to be applied to the treatment of disease, it is not only the privilege but the duty of every physician who has experienced its superior qualities, to make those qualities known to his professional brethren. The only question here, is, whether the article does or does not possess useful qualities, when administered by competent judges of its actions and effects.

The effects of such recommendations can never be injurious because they only point to certain qualities or properties of the article in question. The remedy is recommended to the profession, not as a specific for the cure of a certain disease but as available in the treatment of disease generally upon account of its peculiar properties.

But when a remedy is offered to the public not as one possessed of certain properties, such for instance, as a tonic, a cathartic, an alterative, &c., but as the curer of a certain disease, the matter assumes a very different form. The physician is here required to testify, not to any physiological action which such remedy may exert upon the system, not to any agency which it may have upon any disordered function, but to its power in curing a certain disease, whatever may be the stage of such disease, whatever may be the constitution of the patient, or whatever may be the peculiar features of any particular case.

It is evident that these two forms of recommendation are widely different in the effects which they are intended to produce. The one merely setting forth that a certain substance possess certain physiological properties, the other, that it possesses the power of curing a certain disease, administered by however incompetent a judge of the stage of disease, or of the peculiar characters of the case.

My attention was particularly directed to this subject by noticing the advertisement of Ayer's Cherry Pectoral in the reprint of the London Lancet, accompanied by the favorable testimonials of many distinguished medical men.

Now in this case, Mr. Ayer apparently acts with *great* candor. He addresses himself to medical men, he calls upon them to test his preparation for themselves, and to decide upon its merits after a fair trial of its effects.

So far all is correct. If there are any remedial virtues in his compound Mr. Ayer has an undoubted right to receive the credit of it, and physicians have as good a right to avail themselves of the advantages which it offers. They are aware of its constituents, and are competent judges of the cases in which its administration is applicable; and in their hands there is no earthly doubt, that it is a remedy of great use in suitable cases.

But when Mr. Ayer places his remedy in the hands of the public, and assures them that it will cure, or as he expresses himself, relieve Colds, Coughs, Consumption &c., is he not acting the part of a Quack and imposter in every sense of the word, and is not every physician who gives his testimonial to this effect, knowingly and wilfully saying *the thing that is not?* Is there any educated physician who can conscientiously say, for instance, that every case of Croup, which may occur in future, may be relieved by the use of Ayer's Cherry Pectoral, that the remedial effects of mercurials, counter-irritation baths, bloodletting &c., are useless and unnecessary, and that the physician is not required, provided that access can be had to Ayer's Cherry Pectoral.

Or can any man in our present state of knowedge, say that every case of incipient consumption may be relieved by the use of the Pectoral, exclusive of change of climate, variation of occupation, removal from deliterious influences, &c. Yet such are the statements which Mr. Ayer does make, and such are the statements which his professional friends endorse in offering his nostrum to the public as sufficient in itself for the cure of the various complaints which he enumerates.

If the remedy were offered to the public through the hands of physicians, it would be offered to them in addition to all of the other known appliances of the science. But it is offered to the public as sufficient in itself for the cure of disease; it is virtually denying the necessity for resorting to any other mode of relief whatever.

The effect of a physician's recommendation of a remedy presented to the public in this manner, is to persuade that public that the nostrum is a specific for the disease; that it may just as well be administered by one person as another; that no education, experience or judgment is necessary to treat the disease, further than that required to give the requisite dose of the remedy; and therefore in short, the physician is better out of the way.

It is really time that some definite understanding should

arise among the members of the profession upon this subject, while a larger part of medical men are laboring honestly to raise themselves and their profession higher in the scale of social position, how disheartening, how utterly discouraging it is to see men of high standing, men to whom we naturally look up to, recklessly scattering nostrums and specifics over the land, and promising cures through their instrumentality as unblushing as though they were possessed of some miraculous agency.

It is no excuse for such men to say that they have been made acquainted with the preparation of such and such a nostrum and that they have tested their remedial powers, or proved their valuable qualities. This is not denied. It is the recommending them to the uninformed public as specific cures of which we complain; it is this that does the mischief, both to the credulous patient and to the discarded practitioner.

The true bearing then of the question, as to how far a medical man is justified in recommending a preparation of medicine, should be made to depend upon the effect which such recommendations are calculated to produce. And should it be found, as in the above instance that the effect intended to be produced, is that of depreciating the legitimate practice of the profession, and encouraging a popular belief in specific remedies, their authors should be denounced as unprincipled quacks, let them occupy what position they may.

ART. VII.—*Case of Intussuseptio treated by an Enema of Liq. Plumb. Acet.* By J. S. UNZICKER, M. D., Cincinnati.

Mrs. K——, æt. 67 years, of feeble constitution, and subject to frequent attacks of colic, complained for four days of tenderness of the bowels, and a burning sensation about the region of the stomach, but did not think it necessary to send for advice; when suddenly in the night she felt a severe pain about two inches below the umbilicus in a direct line towards the acetabulum, accompanied with nausea and vomiting. Tongue coated; pulse 120, small and quick; bowels moved once the evening previous.

In this state she continued for 48 hours, the latter part of which time she vomited fœcal matter, suffering the most excruciating pains. Croton oil, calomel and narcotics, fomentations and blistering, enemas of comp. infus. sennæ, assafœtida,

&c., thrown up through an elastic tube, all failed to bring the slightest relief. Nothing would stay on her stomach; no nourishment of any kind would be retained five minutes. She had not slept any since the commencement of the attack, and her strength was fast sinking.

Thus I found her on the third morning, and had no hopes of her recovery whatever; still I thought, as a last resource, I would try the following: ℞ Liq. plumb. acet. ʒiij., aquæ tepid Oij., M. f. enema. After introducing the stomach tube above the sigmoid flexure, the whole of this was injected, and the nurse directed to to hold a compress to the anus to prevent its escape.

In half an hour the vomiting and pain began to abate. At my next visit, three hours after, I found the patient quite easy. No vomiting, and in a gentle prespiration; pulse less frequent and slight reaction. At my visit in the evening, I found her still improving, had some sleep, and also taken some nourishment, which for the first time staid on her stomach; but as yet had no passage from her bowels.

Finding no indication for medicine, I left her for the night. Towards three o'clock in the morning her bowels began to move, and she had seven free passages; but she now complained again of pain and tenderness in her bowels. Pulse 90, full and strong, face somewhat flushed. I ordered the following:

℞. Ol. Amygdal. dulc. ʒi.
Gum. Arab. ʒss.
Aquæ Nicotianæ ʒjss.
Aquæ font. ʒiij.
Syr. Simp. ʒss.

M. Ft. Emuls.—a tablespoon full to be taken every hour. After taking the above all tenderness subsided, and she recovered rapidly.

PART II.

REVIEWS AND NOTICES.

ART. VIII.—*The Principles of Surgery.* By JAMES MILLER, F.R.S.E., F.R.C.S.E., Author of a Treatise on the Practice of Surgery; Surgeon in ordinary to the Queen for Scotland: Professor of Surgery in the University of Edinburgh, &c. Third American from the second and enlarged Edinburgh edition; Illustrated by two hundred and forty engravings on wood. Revised with additions, by F. W. Sargent, M. D., Member of the College of Physicians of Philadelphia; author of Minor Surgery &c. Philadelphia: Blanchard & Lea, 1852. pp. 751.

This work has now been before the profession for several years, and the manner in which it is appreciated in this country is best shown by the fact that two American editions have been exhausted, and there is a demand for the third. It is beyond doubt, one of the best books on surgical pathology we have. Each subject is very fully discussed in all its relations, presenting in fact a standard work on the pathology and therapeutics of surgical diseases. With this work and Malgaigne or Skey on Operative Surgery, every practitioner may feel that he is pretty fully supplied with reliable reading matter in this department of the profession.

Most medical men are, however, aware of the value to be attached to this publication without any extended notice being necessary fron us. We have an appendix attached to this edition on the "Surgical Experience of Chloroform," which is set forth in its most favorable light by the author, and as he is a colleague of Prof. Simpson, by whom chloroform was

introduced, and the medical men of Edinburgh are in the habit of using this their favorite remedy, extensively, we copy the "mode of administration" by Prof. Miller both for the value of the directions of this high authority and also as a specimen of his style.

MODE OF ADMINISTRATION.

Much depends on this. Many machines have been invented. I believe they are all useless, and not a few decidedly mischievous. None expedite, or in any way facilitate, the induction of stupor; the only advantage they can possibly obtain, is the saving of chloroform, by preventing waste; and this will be found but "a poor economy," at the cost of risk to the patient by asphyxia. *With* an inhaler, it is very easy to choke the patient; *without one*, it is not easy to avoid, if one were willing, the admission of a very considerable amount of atmospheric air, along with the chloroform vapors—an amount quite sufficient to avert asphyxia. The explanation of the fact that in Edinburgh there has not yet been one untoward case, though chloroform has there been in constant use, by a majority of the profession, ever since its first introduction—rests very much, in my mind, on two circumstances, namely, the purity of the chloroform, and the absence of machines for administering it.

The apparatus for inhaling need be of the simplest kind; anything that will admit of chloroform in vapor being brought fully in contact with the mouth and nostrils; a handkerchief, a towel, a piece of lint, a worsted glove, a night cap, a sponge. In obstetric practice, and in the private practice of surgery, a pocket handkerchief is perhaps most frequently used; in Hospital surgery, we more commonly see a large dossil of lint, folded up somewhat conically—or not folded up at all. In the winter season, the glove of a clerk, dresser, or onlooker, has been not unfrequently pressed into the service. But the lint has one very obvious advantage over the others; impregnated with vapor, and soiled with sputum, its want of intrinsic value does not prevent its being summarily thrown away; whereas a good glove or handkerchief will be parted with regretfully. All possess the obvious and paramount advantages of being always at hand, of admitting a sufficiency of atmospheric air along with the vapor, and of not proving either alarming or irksome to the patient. Most children, and many timid adolescents and adults, of both sexes, will have a great dread of any instrument, however simple in itself, being

adjusted to the face, and buckled on there. The young will kick, yell, struggle; and in resisting, will help to choke themselves immaturely and fruitlessly; the old will sustain excitement or shock, inimical to the result desired; or may at once and firmly decline the ordeal altogether. Whereas the most timid, at any age, are little likely to be afraid or resent the presence of a handkerchief, or something like it, which is simply held before the face, and gradually approximated to the mouth and nostrils. And when in the alarmed child it is necessary to use a little compulsion, there is no instrument whatever that will follow the boisterous movements of the little head so certainly and so safely. The struggle proves a very brief one; and, like a hooked trout, the more splutter it makes at first, the sooner is it quiescent and helpless.

The handkerchief, lint, or glove—arranged somewhat after the fashion of a cone, the interior of which suffices to hold mouth and nostrils comfortably—saturated with pure chloroform, is held at the distance of a few inches, and then gradually brought nearer, until mouth and nostrils are fairly included. And there it is held loosely on the face—unless rapidly changed for an increase of dose—until the desired stertor and unconsciousness have occurred; close contact and thorough drenching of the handkerchief or lint being avoided, otherwise the chloroform is apt to trickle down and irritate the skin. As in remedial bleeding, we do not think it necessary to be telling off the ounces as they flow, but are regulated entirely as to the amount drawn by the effects produced, so we as little think of dropping, or otherwise measuring the chloroform. The object is to produce insensibility as completely, and as soon as we can; and there is no saying, *a priori*, whether this is to be accomplished by fifty drops or five hundred. We begin with generally two or three drachms spilt on the handkerchief or lint; and we refresh that, or not, from time to time, as circumstances require.

With the general instructions for application given by Dr. Simpson, I most fully concur; more especially as to the inhalation being proceeded with gently and quietly, without talking or other noise, whether directed to the patient or not. Rapidity as well as thoroughness of effect are thus decidedly favored. To talk to or at the patient during inhalation "puts him off his sleep."

Several additions are made by the editor which enhances the value of the work.

For sale by Moore & Anderson, No. 28 W. Fourth St.

PART III.

FOREIGN SUMMARY.

1.—*Communicability of "Grease" to Man.*

A case is reported from Guy's Hospital which seems to prove that the disease in the heel to which horses are subject and called "grease," is communicable to the human subject, and produces symptoms analogous to glanders, but of much less fatal character. A case, illustrating this fact, came under the care of Mr. Cock.

The patient was an ostler, in excellent health, till he accidentally touched his nose with the matter whilst dressing a *greasy* heel. In the evening he experienced some heat of the part, which he attributed to catarrh, but next morning the cheek and nose were observed to be considerably swollen, and a thick discharge flowed from the nostrils.

On admission the nose was swollen, of a dusky red; cheeks tumid, and blotched, and on each side was a large painful swelling, like a periosteal node. He was ordered quinine, nitrate of silver lotion (dr. ss. to oz. j.) applied to the mucous membrane, full diet, ten ounces of port, and two pints of porter daily. Next day the cervical glands were enlarged; the nose was freely punctured, with great relief. Ten grains of Dover's powder at night.

On the third day the patient had passed another restless night; he complained of dizziness and pain in the head; the nose and face were intensely painful, and the tumefaction so much extended and increased, that the eyelids were now completely closed. Two hard lumps of pus came away from the nostrils. Mr. Cock again punctured the nose, and ordered a bread-and-water poultice to be applied to it. The bowels have been well relieved. The quinine was continued but the powder omitted.

On the fourth day a great change for the better had taken place; the patient passed a good night, slept well, and was comparatively free from pain; the tumefaction about the nose, face, and eyelids is much reduced in size, and the pain much less severe. The discharge continues from the nostrils.

From this time the man continued to improve, and seven days after admission the nose had regained its natural size; the discharge was much reduced in quantity and consistence, and on the 26th of April he was presented for dismissal, cured, having been in the hospital only ten days.

Mr. Cock remarked that this was the third case he could call to mind where the evidences of poisonous inoculation were clearly traced to contact with the greasy heel of a horse. In both the other cases the poison appeared to have been imbibed from wounds or cracks on the men's fingers, and the most severe absorbent inflammation was produced, accompanied by intensely acute constitutional disturbance.

In the one instance the patient recoved after much suffering and tedious illness; in the other he died at the end of several weeks, worn out by successive abscesses, which formed in different parts of his body. There seemed, therefore, no doubt that the greasy heel of the horse was capable of grafting a specific poison upon the human subject.

As in this case the fact of poison seemed to be clearly indicated and proved, and as the inoculation had been recent, Mr. Cock considered it expedient to endeavor to destroy the contaminated surface as speedily as possible, and to excite a healthy suppurative action on the mucous membrane of the nostrils.

The caustic solution was severely and unsparingly applied, and certainly seemed to have the decided effect of "killing the local disease." The aggravation of inflammation and tumefaction which followed the use of the escharotic, and which extended over the nose, cheeks, and eyelids, was doubtless rather to be attributed to the severity of the remedy than to the extension of the original disease. The same local effects have not unfrequently been produced where a strong solution of nitrate of silver has been injected into the urethra for the purpose of cutting short a gonorrhœal discharge.

Mr. Cock made the punctures in this case with a broad-shouldered lancet, and carried them to a considerable depth. The blood flowed from the wounds in streams and jets, showing the congested and distended state of the vessels. The relief was most speedy and effectual.

2.—*Poisoning with Turpentine.*

Mr. Johnson relates the case of a child, aged eighteen months, who was observed to take a cup containing oil of turpentine, which was being used by a servant, and to hastily drink from it a portion of its contents. The child immediately spluttered out the food which she had been eating, along with a small portion of turpentine. She appeared in pain, but was almost immediately soothed to sleep, from which she was roused in about ten minutes by a neighbour, who alarmed the parents by informing them that the child had taken deadly poison, and suggested an emetic, in the shape of a draught of warm water and melted butter, which was given, but produced no vomiting. The child at this time appeared relieved, in fact in its usual health, and was sent out to walk with a younger sister, a distance of 400 or 500 yards. On nearing home she appeared tired, and unable to walk, was carried into the house, and on being put down staggered, and fell, when she was put to bed, and a few minutes afterwards vomited freely, the contents of the stomach having a powerful terebinthinate odor. About ten minutes afterwards the servant found her in a violent convulsion, when the author was sent for. On his arrival, which was about three hours after swallowing the turpentine, he found the child had been in a warm bath.

She was perfectly insensible; the breathing stertorous; the pupils violently contracted; pulse rapid and weak; extremities and surface generally cold; countenance pallid; muscles relaxed, with occasional subsultus; no power over deglutition; and, at intervals of ten to fifteen minutes, violent convulsive paroxysms occurring, producing the most frightful opisthotonos.

Being some distance from home, and unaware of the nature of the case, he was obliged to treat it with such remedies as were at hand. He attempted to administer a mustard emetic, but being obliged to desist from violence of convulsion, he applied leeches to the temples. Under this treatment, together with free action of the bowels, the child became partially sensible, and at length fell into a sound sleep.—*Med. Times.*

3.—*Nævus of the Scalp Treated by Tartar Emetic.*

Anne Shellard, aged nine months, was admitted into the Queen's Hospital, under the care of Mr. Sands Cox, Febru-

ary, 1851, on account of a nævus situated over the right parietal bone, about the size of a half-crown piece. The mother stated that a slight discoloration of the scalp was observed at birth; that it remained stationary for some time, but eventually began to increase, and had during the last two months attained its present size. There was no pulsation evident in the tumor, which was of a bluish cast, and slightly raised above the adjoining integument. The child's general health was good, and all the functions regular; but a branch of the temporal artery was enlarged, and could be traced almost into the diseased parts. On the third day after admission Mr. Sands Cox ordered the potassio-tartrate of antimony to be applied, which was accordingly done. In two days the application having been several times repeated, the whole of the discolored portion was converted into a pustular mass, and this with [illegible] or no inflammation or irritation of the scalp. Poultices were now applied, and in the course of a week there was a healthy granulating surface, which cicatrized entirely three weeks afterwards. The patient left the hospital without any appearance of [illegible], and some time after continued quite well.—*Prov. Med. & Surg. Jour.*

4.—*On the Treatment of Optimised Neuralgia.* By Dr. [illegible]

The following treatment [illegible] *Zeitschrift* [illegible] the Hospital of Munich [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

PART IV.

EDITORIAL DEPARTMENT.

PROCEEDINGS OF THE FIFTH MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

By the politeness of the Editor of the Stethoscope, P. C. Gooch, M. D., one of the Secretaries of the Association, we are enabled to lay the proceedings before our readers in advance of their regular publication; for which attention Dr. G. will please accept our thanks.—*Eds. of Lancet.*

TUESDAY, MAY 4, 1852.

The association met in the Second Presbyterian church at 11 o'clock—the president, Dr Moultrie, in the chair.

Dr. James Beale, president of the Medical Society of Virginia, and chairman of its committee of reception, welcomed the delegates to the city of Richmond.

Dr. Haxall, chairman of the committee of arrangements, read a list of the delegates who were present, and who answered to their names as follows: From Maine 2; N. Hampshire 1; Massachusetts 17; Rhode Island 6; Connecticut 9; New York 28; New Jersey 8; Pennsylvania 33; Delaware 3; Maryland 10; Virginia 90: North Carolina 5; South Carolina 13; Georgia 4; Alabama 4; Louisiana 2; Tennessee 2; Kentucky 8; Ohio 10: Michigan 1; Illinois 3; Missouri 6; Iowa 1; District of Columbia 6; U. S. Navy 1; Foreign 2—275.

Dr. Hays of Pa. offered the following resolution:

Resolved, That a commtttee of one from each state, to be selected by its own delegation, be appointed to nominate suitable officers for the association.

The resolution having been adopted, the association took a recess of ten minutes, to allow the delegations to appoint the nominating committee.

At the expiration of the recess, the president announced the nominating committee as follows:

Maine—Isaac Lincoln; New Hampshire—Jeremiah Blake; Massachusetts—Jacob Bigelow; Rhode Island—H. W. Rivers; Connecticut—Charles Hooker; New York—Joseph M. Smith; New Jersey—G. R. Chitwood; Pennsylvania—G. W. Norris; Delaware—H. F. Askew; Maryland—G. S. Gibson; District of Columbia—C. Boyle; Virginia—James Beale; North Carolina—James H. Dickson; South Carolina—H. R. Frost; Georgia—C. B. Nottingham; Alabama—A. Lopez; Kentucky—W. L. Sutton; Missouri—C. A. Pope; Ohio—D. Tilden; Illinois—D. Brainerd; Michigan—Z. Pitcher; Iowa—J. H. Ranch; Tennessee—Paul F. Eve.

The president requested the secretary to call the roll.

Dr. Cox of Md. offered the following resolution:

Resolved, That when the roll be called, each member shall *rise* in his place and answer to his name.

The resolution was not adopted.

The secretary then proceeded to call the roll, and the members present having answered to their names, the president delivered a lengthly and able address.

The nominating committee reported the following as officers of the association:

For President—Beverley R. Wellford of Va.

For Vice Presidents—Jonathan Knight of Conn., James W. Thomson of Delaware, Thos. Y. Simons of So. Carolina and Chas. A. Pope of Miss.

For Treasurer—Dr. Francis Condie, Pa.

On motion of Dr. Atlee of Pa., it was

Resolved, That the officers thus nominated be and are hereby elected the officers of the association for the ensuing year, and that the nominating committee be requested to nominate secretaries, and to decide upon the next place of meeting at as early a period as possible, the present secretaries to retain their offices until other nominations are made.

This resolution having been adopted, the gentlemen nominated were declared the officers of the association for the ensuing year; and on motion of Dr. Atlee of Pa., a committee of three, consisting of Drs. Atlee of Pa., Haxall of Va. and Eve of Tenn. were appointed a committee to announce his election to Dr. Wellford, and conduct him to the chair.

Dr. Wellford having taken the chair, returned his thanks for the honor conferred upon him.

Dr. F. C. Stewart of N. Y. offered an invitation to the association to make the city of New York the next place of meeting.

On motion of Dr. Boyle, this and all similar invitations were referred to the committee of nominations.

Dr. Hays of Pa. offered the following resolution:

Resolved, That the report of the committee on the constitution be made the special order for to-morrow morning.

It was moved by Dr. Stille, that the resolution be so amended as to make it the special order for Thursday. This amendment was lost, and the question being taken on the original resolution, it was adopted.

Dr. Hays also offered the following resolution:

Resolved, That the report of the committee of publication and on prize essays be made the special order for the afternoon session.

Dr. Phelps of N. Y. moved that when the association adjourn, it will adjourn to meet at 4½ o'clock this afternoon.

This resolution was adopted.

Dr. Haxall, chairman of the committee of arrangements, offered the following preamble and resolution, which were unanimously adopted:

The American Medical Society in Paris being so constituted that it would be entitled to representation if it existed in this country, and as it is recognized abroad as an American institution—

Resolved, That the delegates accredited to the association by the American medical society in Paris be and are hereby invited to take seats in this body.

Dr. Drake read the following resolutions which were laid on the table:

1. *Resolved*, That every report on a medical or other scientific subject shall be referred to a select committee, to be read, analyzed and reported on to the association; said select committee indicating its general character and worthiness of publication, provided the authors of every report shall have the right of appealing to the association.

2. *Resolved*, That no report shall be read before the association until it has been examined and reported on by the committee to which it may be referred; nor then but under an order of the association.

3. *Resolved*, That no report shall be published in the Transactions of the association but in virtue of its order.

4. *Resolved*, That all professional and other scientific communications made to the association, shall be referred and treated like the reports of committees.

5. *Resolved*, That the president, vice presidents and secretaries of the association shall be charged with the appointment of the aforesaid committees, being themselves eligible for such appointments.

6. *Resolved*. That the authors of all reports and papers aforesaid shall have the privilege of reading and explaining the same before the committees.

On motion, the association adjourned till 4½ o'clock P. M.

AFTERNOON SESSION.

Dr. B. R. Wellford called the association to order at 4½ o'clock P. M.

Dr. D. Paul Lajus offered the following resolution, which was unanimously adopted:

Resolved, That Dr. Brown Sequard of Paris be invited to occupy a seat among the delegates at the present meetings of the association.

Dr. Paul F. Eve, from the committee on nominations, then reported that the committee had *resolved*—

1. That St. Louis be designated as the place for the meeting of the association in 1853.

2. That Drs. P. C. Gooch of Virginia and Jno. S. Moore of Missouri be nominated for secretaries.

On motion, the report was laid on the table.

Dr. Gooch offered the following resolution, which was rejected:

Resolved, That the members of the press be admitted to seats on the floor, and that a committee of three be appointed to raise by voluntary subscription a sum sufficient to defray the expenses of reporting and publishing the proceedings of the meetings, and to make an arrangement for such.

Dr. Isaac Hays read the report of the committee on publication and the reports of the treasurer.

The reports were received and the following resolutions, appended to the report of the committee of publication, were put and unanimously adopted:

1. *Resolved*, That the assessment for the present year shall be *three dollars*.

2. *Resolved*, That the committee of publication, be authorized to fix the price at which the Transactions for the present year will be furnished to such of the members of the association as shall remit the amount decided upon by the committee, within a specified time, (to be fixed also by them). And that it shall be the duty of the said committee to issue a circular informing the members of the terms upon which the Transactions will be furnished to them.

3. *Resolved*, That the committee be further authorized to take such measures in relation to the disposal of the copies of the Transactions remaining after all such members are supplied as shall comply with the terms set forth in the circular of the committee, as they may deem expedient.

On motion of Dr. Ives, the vice presidents were requested to take seats allotted to them in front of the president's chair.

Dr. Hayward presented the report from the committee on prize essays, and broke the seal of the paquet containing the name of the author of the essay, entitled "*On Variations of Pitch in Percussion and Respiratory Sounds, and their Application to Physical Diagnosis*," and which was deemed worthy of the prize.

The author proved to be Dr. Austin Flint of Buffalo, N. Y., to whom the prize was awarded, and the report was referred to the committee of publication.

The report of the committee on the Medical Botany of the U. S. for 1850–'51, from Dr. A. Clapp, chairman, was presented and referred to the committee of publication.

Dr. Drake called up his resolutions offered at the morning session, which were read and discussed. On motion of Dr. Lopez of Alabama, they were indefinitely postponed.

The reports from the regular standing committees were then called for in order, and were severally laid over or continued. Letters were read from Dr. J. B. Johnson of Missouri, asking to be excused from further duty as chairman of the committee on epidemic erysipelas, which was granted; and Dr. Thos. Reyburn of Missouri, asking that the committee on the epidemics of Missouri, Illinois, Iowa and Wisconsin, be continued, which was also granted.

Dr. Ro. W. Haxall of Virginia read a short report of the progress of the committee on the epidemics of Virginia and North Carolina, and asked to be continued, which request was granted.

Dr. Wm. A. Patterson extended to the association an invitation from W. P. Tunstall, president of the Richmond and Danville railroad company, to an excursion on their road on Friday, 7th May, which was accepted; and, on motion, the thanks of the association were voted to the company.

Dr. Askew moved that when the association adjourn, it adjourn till 9 o'clock on Wednesday, and that it sit from 9 A. M. till 2 P. M. Carried.

On motion of Dr. Gooch, the editorial corps were invited to take seats on the floor.

On motion, the association then adjourned.

WEDNESDAY, MAY 5, 1852.

The association met at 9 o'clock—the president, Dr. Wellford, in the chair.

The minutes were read and approved.

The secretary informed the association that he had enclosed copies of the preambles and resolutions adopted by the association, at their sessions of 1850–'51, relative to assimilated rank of the medical staff of the army and navy, to the several departments ordered by the resolution. From Dr. Harris, chief of the bureau of medicine and surgery, he had received a letter approving of the cause of the association, which letter was read.

Dr. Pinkney of the navy asked leave to read a memorial which he had prepared to present to congress, on the subject of assimilated rank. Leave being granted, the memorial was read and explained by its author.

Dr. Cox of Maryland, offered the following resolutions:

Resolved unanimously, That this association approves the memorial emanating from Surgeon Ninian Pinkney of the United

States navy, and respectfully asks of congress a calm and dispassionate consideration of its contents; and we, the representatives of the medical profession in the United States, will anxiously await a decision, confidently believing that the relief asked for in the memorial on behalf of the medical corps of the navy, will be granted.

That it is a matter of great interest to the medical profession at large that an act of congress be formally incorporated into the national legislation, and at the present session, which shall define clearly and definitely the relative rank of the medical officers of the navy.

That the bill proposed by Surgeon Ninian Pinkney is approved by this convention, and earnestly recommended as forming a proper and equitable basis for an adjudication of the relative rank, and that this convention will regard any sca e less satisfactory to the medical officers of the navy, as unjust to them, and degrading to the profession at large.

That the secretary of this convention be directed to address a copy of these resolutions, together with the memorial of Dr. Pinkney, to the secretary of the navy and the presiding officers of both houses of congress.

On motion of Dr. Yandell of Kentucky, these resolutions were referred to a committee of three, to be appointed by the president.

Dr. Attkinson of Virginia offered the following resolution:

Resolved, That we have listened with great pleasure to the able and eloquent remarks of Dr. Ninian Pinkney in vindication of the honor and interests of the profession, and that we will second his efforts to obtain justice at the hands of congress by every means in our power; which was referred to the same committee.

Dr. Hayward of Boston offered the following resolution:

Resolved, That no member of the association be allowed to speak longer than ten minutes at a time, nor more than twice on the same subject.

Which was unanimously adopted.

Dr. Simons of S. C. offered the following preamble and resolutions:

The accumulation of passengers who are emigrants, crowded in ships coming to our shores from foreign ports, having in a great many instances numerous cases of aggravated fever, many of which prove fatal, and likewise producing similar results at the lazarettoes, and even cities; the number likewise, of sick arriving from California, and some of the South American ports, and the fact that none of these vessels are required by law to have physicians or surgeons on board, seem deserving of our attention as conservators of health, and as an act of humanity and duty on the part of the American medical association, to bring these facts respectfully to the consideration of congress, and request its legislation thereon:

Be it therefore resolved, That the American medical association do memorialize congress to require all vessels carrying steerage passengers on the sea to have a surgeon on board.

Resolved further, That a committee of this association be appointed to draw up a memorial to congress, making such suggestions as it may deem fit as regards the importance of this measure.

On motion of Dr. Wood of Pa., the resolutions were laid on the table for the present.

Dr. Storer asked a suspension of the regular order, to enable him to bring to the notice of the association a scurrillous attack upon him as the chairman of the committee on obstetrics, which he pronounced to be malignant, vindictive and false, and which he would not have noticed had it been directed against him personally.

Dr. J. B. Flint of Ky. proposed the following as an alteration of the constitution, which, according to rule, was laid over till the next meeting:

It is proposed to alter the constitution, in the fifth article of it, so as to provide, that instead of the annual volume of Transactions, the association may establish and maintain a quarterly journal, to be a medium for the publication of its proceedings, and of the most valuable contributions of its members—an organ of resolute and impartial criticism, and an official exponent and advocate of the views of the association on medical science, education and ethics.

The report of the committee on the constitution being the special order, Dr. Hays, chairman of the committee, made a report. Dr. T. H. Yardly, a member of the committee, made a counter report. Much discussion ensued, and many resolutions and amendments were proposed and withdrawn in favor of the following resolution offered by Dr. Thomas of Maryland, and amended by Dr. Stewart of New York:

Resolved, That the two reports on proposed alterations of the constitution be referred to a committee of three, to be appointed by the chair, with instructions to report to-morrow morning, in definite and proper form, such amendments as will embrace the views set forth in the reports, and such other views as may appear to them advisable.

This resolution was adopted.

Dr. Watson of New York offered the following resolutions:

Resolved, That the report of the nominating committee now on the table be referred back to the said committee, with instructions to report complete on the standing committees, and such other committees as may be requisite for providing business for the association at its next annual meeting.

Resolved, That the invitation from the New York delegation for the meeting of the association in the city of New York in May

1853 be accepted, and that the nominating committee be instructed to that effect, and as usual to provide for the appointment of one of the secretaries from among the members residing at the place to be selected for the next annual meeting.

Dr. Stewart of New York moved to amend the resolutions, by referring the report of the nominating committee back to the committee without instructions.

This amendment was lost.

After some discussion and the proposal of several amendments the question was taken on the adoption of the original resolutions, and they were unanimously adopted.

The secretary read the following communication from the New York Academy of Medicine, which, on motion, was referred to the publication committee and ordered to be printed:

NEW YORK ACADEMY OF MEDICINE,
New York, April 22d, 1852.

SIR—I have the honor herewith to transmit to you a copy of the preamble and resolutions adopted at a regular meeting of the New York Academy of Medicine, held April 21st, 1852.

Whereas the cliniques now held at the medical colleges, as at present conducted, are or may be made tributary to the private interests of the professors at the expense of other and younger members of the profession, depriving them, by an odious monopoly, of *practice* and *operations*, and often of *fees*, to which they are justly entitled: Therefore,

Resolved as the sense of this academy, That to prescribe or operate upon the legitimate patients of any other physician, knowing them to be such, although done gratuitously at a clinique, is equally unwarrantable and unprofessional, with similar interference with the patients of another in private practice; and in either case, is a violation of the code of medical ethics adopted by this body.

Resolved, That the possible perversion of these cliniques to the private emolument of those conducting them, by transferring patients to their private offices, and thus exacting fees from those found able to pay, divests the cliniques of all pretext for professing to be public chairities, and should be scrupulously guarded against in all our colleges by stringent rules.

Resolved, That a copy of these resolutions be sent to the authorities of the several medical colleges in this city.

The secretary was also instructed to forward a copy of these resolutions to the American Medical Association.

Respectfully yours,
JACKSON BOLTON, M. D.
Recording Secretary.

P. CLAIBORNE GOOCH, M. D.,
Sec. Am. Med. Asso., Richmond, Va.

Dr. Haxall, chairman of the committee of arrangements, offered the following resolution, which was adopted:

Resolved, That after to-day the association hold a morning session from 9 o'clock A. M., to 3 or 3½ o'clock P. M., and have no afternoon session.

Dr. Hayward of Boston read a letter from Dr. Horatio Adams

of Waltham, Massachusetts, regretting his inability to be present at the meeting owing to a serious accident, and presenting the report of the committee on the "*action of water on lead pipes, and the diseases resulting from it,*" asking the reference of the report to the committee on publication. The report was accepted and referred.

Drs. Drake of O. and Rogers of Va. offered several suggestions in regard to the constitution, which were referred to the committee on that subject.

The chairman of the nomination committee requested that the delegates from states not represented when the committe was organized, should appoint their committeemen forthwith.

Drs. Gwathmey and Watson of Virginia, Smith of California and Beck of New York were, on motion, admitted to the floor of the association during its sittings.

Dr. Corbin of Va. read the following resolution, which he desired to lay on the table for the present:

Resolved, That one member from each state represented in this association be appointed a delegate to represent it in the medical associations in Europe, and that they be requested to visit the foreign hospitals, and to report to the next meeting of the association the various improvements in the several branches of science connected with medical education, and in the treatment of diseases in general in foreign countries.

On motion, the association then adjourned.

AFTERNOON SESSION.

The President, Dr. B. R. Wellford, took the chair at half past 4 o'clock P. M.

Dr. Drake of Ky. offered the following:

Resolved, That all papers and reports on scientific subjects shall be read to the association before the question of their publication shall be decided.

Dr. Wood of Pa. opposed the resolution.

Dr. Phelps of N. Y. offered an amendment, which together with the resolution, was, on motion of Dr. Thomas of Md., laid on the table.

Dr. Condie of Pa. presented a paper on chemistry, from a gentleman not a member of the association, and Dr. Drake presented a similar one by Dr. Wright of Ohio, on the influence upon the health of daguerreotypists of their occupation. On motion of Dr. Condie, they were both referred to a select committee, consisting of Drs. Ro. E. Rogers, A. T. B. Merritt and J. R. W. Dunbar, with instructions to report on them to-morrow.

On motion of Dr. G. F. Terrill of Va., Drs. T. L. Scott and W. H. Fox of Va. were admitted to seats on the floor.

Dr. Eve, from the committee on nominations, recommended the following officers for the ensuing year:

For Secretaries—Dr. P. Claiborne Gooch of Va. and Dr. Edward L. Beadle of N. Y.

Committee on Publication—I. Hays of Pa., P. Cl. Gooch of Va., and Dr. E. L. Beadle of N. Y., Isaac Parrish of Pa.. G. Emerson of Pa., D. F. Condie of Pa. and G. W. Norris of Pa.

Committee of Arrangements—F. Campbell Stewart, John Watson, Wm. Rockwell, Jas. R. Wood, Robert Watts, Jr., Alfred C. Post, John G. Adams and H. D. Bulkley, of New York.

On motion, the report was received, and the gentlemen named were unanimously elected officers of the association for the ensuing year.

The chair then announced the following appointments in compliance with resolutions adopted at the morning session.

Committee on Amendments to the Constitution—Dr. F. C. Stewart of N. Y., Dr. Worthington Hooker, of Conn., and Dr. Rob't H. Thomas of Md.

Committee on Dr. Cox's *Resolutions in regard to the Rank of Medical Officers in the Navy*—Dr. Sam'l Jackson of Pa., Dr Jonathan Knight of Ct. and C. C. Cox of Md.

The report of the committee on "The Blending and Conversion of the Types of Fever" was then read by Dr. A. B. Williman of S. C., (in place of Dr. Dickson, not present.)

On motion, the report was ordered to be printed and referred to the committee of publication.

Dr. Hayward of Mass. presented and read the report of the committee on "The permanent cure of reducible Hernia;" which was ordered to be printed and referred to the committee on publication.

On motion of Dr. Dunbar of Md., seconded by Dr. Drake, a report of the case of Dr. Jameson of Baltimore was requested to be furnished for publication in an appendix to the report.

An application was presented from J. Wells, representative of the interests of the late Dr. Horace Wells of Hartford, Conn., asking that a committee be appointed to enquire into and to report on the claims of the contestants for the honor of priority in the discovery of the principle of anæsthesia in surgical operations.

The application was laid upon the table.

On motion, the association then adjourned.

THURSDAY, MAY 6, 1852.

The association was called to order at 9½ o'clock—Dr. Wellford, president, in the chair.

The minutes were read, amended and approved.

On motion of Dr. W. E. Horner, Dr. Beylard of Paris was admitted to the floor of the association; and on motion of Dr. Wilson of Virginia, Dr. W. T. Howard of N. C. was also admitted.

Dr. Jno. Watson of N. Y. offered the following resolution:

Resolved, That members of the association having questions for scientific enquiry to propose as part of the business for the ensuing year, be requested to submit the same in writing to the chairman of the committee on nominations, and that said committee be requested to report on the nominations of the special scientific committees, with the subjects to be referred to said committees, at its earliest convenience.

Dr. Wood of Pennsylvania offerred the following amendment:

"And that the nomination committee nominate a committee of five, who shall select special subjects of investigation, and nominate chairmen of the committees on these subjects, and also to nominate the members of the committee on voluntary communications." Which was lost.

Dr. Watson's resolution was then adopted.

Dr. Attkinson of Virginia moved the following:

Resolved, That the thanks of this association are due and are hereby tendered to Dr. Isaac Hays, for the very efficient and satisfactory manner in which he has discharged the duties of its treasurer, and to Dr. H. W. De Saussure, for the able manner in which he has discharged the laborious duties of secretary.

Dr. Green of N. Y. offerred the following resolutions which were adopted:

1. *Resolved,* That at all future meetings of this association all reports of committees and all contributions on scientific subjects occupying more than ten pages of quarto post manuscript, be accompanied each by an abstract or synopsis embracing the principle points of such report or paper, which abstract or synopsis may be read before the association.

2. *Resolved,* That the above resolution be transmitted by the secretary to the chairman of each scientific committee.

Dr. Stillé of Pa. moved the following resolutions, which were seconded by Dr. Blatchford of N. Y., and unanimously adopted:

1. *Resolved,* That the elegant, varied and generous hospitality which the association has enjoyed during its present session, calls for its hearty and unanimous thanks, with the assurance that it can never forget an entertainment, unrivalled even among the festivities of the "Old Dominion."

2. *Resolved,* That the thanks of the association are hereby presented to the Medical Society of Virginia, to the medical profession and citizens of Richmond, to the trustees of the "United Presbyterian Church," to the managers of the Danville railroad, and to the several public institutions of this city, for the hospitable care of these bodies to promote the comfort and amusement of the association.

3. *Resolved,* That the association returns its thanks in an especial manner to the committee of arrangements for the zeal, intelli-

gence and good taste displayed in performing its numerous and important duties.

Dr. Simons called up his resolutions in regard to the necessity of surgeons being employed on board of emigrant ships; which were advocated by him and adopted.

Dr. W. Hooker of Ct., offerred the following resolution, which was adopted:

Resolved, That special committees on medical education and medical literature be appointed, consisting each of five members, and that the nominating committee be instructed to nominate such committees to this association.

Dr. Sutton of Ky. moved that a committee of three be appointed, whose duty it shall be to enquire whether any, and if any, what action this association shall take in reference to requesting the Congress of the United States to have a large edition of the medical statistics, furnished by the census lately taken, published in a separate form for distribution among the medical profession of the United States, and to report to-day.

The chair announced the committee to consist of Drs. Simons of S. C., Boyle of D. C., and Sumner of Conn.

On motion of Dr. Condie of Pennsylvania, it was

Resolved, That a committee of five be appointed to examine and report on the communication of Dr. Drake, on the relations between climate and pulmonary consumption.

The committee was announced, to consist of Drs. Condie, R. E. Rogers, J. M. Smith, Moultrie and McGuire.

On motion of Dr. Rockwell, it was

Resolved, That the committee appointed to memorialize congress on the subject of compelling passenger vessels to carry surgeons, be directed also to call their attention to the importance of giving to each steerage passenger a certain amount of space between decks.

On motion of Dr. Smith of Maryland, the following communication from the delegation of the American Medical Society in Paris, was received and read:

The undersigned, delegates of the "American Medical Society in Paris," beg leave to submit a few remarks upon the origin, intention and present condition of this institution.

This society, convened for the first time in the month of November 1851, has for its object the bringing together of American medical men residing in Paris, and the consequent diffusion of American medical and scientific knowledge among them. This institution, as yet in its infancy, has been sanctioned by the French government, and already recognized as a society by the numerous institutions of a similar character in the city. It numbers already fifty regular, active, besides a number of honorary and privileged members. The society, when it becomes more permanently fixed, will undoubtedly publish a journal, containing, in addition to its own original articles, the most interesting foreign medical news of the day, and from the nature of its position, must promise great advantages to the American practitioner in the United States, it

most respectfully requests the usual interchanges of the numerous and able medical and scientific journals in the United States.

Circulars requesting this favor have already been addressed to the editors of their respective journals, and the society flatters itself that their request will not be in vain.

The library and reading room attached to the society being open to scientific gentlemen of all nations, will be the means of more thoroughly diffusing American medical literature, and correcting numerous absurd ideas prevailing abroad with regard to our scientific institutions and general attainments.

ALEXANDER J. SEMMES, M. D.
WM. H. BERRY, M D.
R M. JONES, M. D.
Delegation of American Medical Soc'y in Paris.

Paris, March 27th, 1852.

Dr. Thompson of Delaware moved to reconsider the acceptance by the association of the invitation from the Danville railroad company; which motion prevailed.

After some debate, the following resolution, offered by Dr. Hays of Pennsylvania, and amended by Dr. Rogers of Virginia, was adopted:

Resolved, That the invitation of the president of the Danville railroad company be accepted, and that when the association adjourns to-day, it adjourn to meet again at 4 o'clock P. M. tomorrow.

Dr. Blatchford of N. Y. offered the following:

Resolved, That a committee of three be appointed, to report at the next meeting of the association, on the best means of making pressure in the treatment of reducible hernia, and that Dr. Hayward of Mass. be the chairman. Carried.

Dr. Usher Parsons of R. I. offered the following preamble and resolution, which, on motion of Dr. Hays of Pa. were laid on the table:

Whereas it is required by law that a chest of medicines shall be furnished to every merchant ship, with suitable directions for their administration; and whereas the pamphlets now in use are written by apothecaries instead of physicians, and are full of errors: Therefore,

Resolved, That a committee of three be appointed to prepare suitable directions to accompany medicine chests, that shall meet the wants of the officers and seamen in merchant vessels, under the sanction of this association, and to report at the next annual meeting.

The report of the committee appointed on yesterday to consider the various propositions which had been made, suggesting amendments to the constitution, being called for, the chairman, Dr. F. Campbell Stewart of N. Y., read a report and resolutions, which Dr. Hays of Pa. moved to refer to the committee of publication, with instructions to print.

Drs. J. K. Mitchell of Pa. and W. Hooker of Conn. discussed

the merits of the report, when Dr. Lopez of Alabama raised a question of order as to the propriety of a discussion of the merits of the proposition.

The chair decided that the discussion was in order at this stage of the proceeding.

Dr. Lopez of Ala. appealed from that decision, which appeal was not sustained.

The discussion was then continued at great length by many members.

During the discussion, the following replies were elicited from several gentlemen, by questions propounded by Dr. Watson of New York:

From Dr. Horner, University of Pa.—The shortest term of medical study in the University required for the doctorate was three years, but that under some few and rare circumstances, a deviation had been permitted as an exception.

Drs. Davis and Rogers of Virginia University, stated that their laws required no specified time; nine months, and eighteen years of age even, were sufficient, but that two years were generally devoted to the study of medicine by their graduates. They explained the course of instruction at the University at length.

Dr. Huston of Jefferson Medical College, Philadelphia, said that three full years were required, but that occasions demanded sometimes a departure from the stringent rule.

Dr. Frost from South Carolina offered some interesting observations upon the much abused subject of medical education, and insisted that the profession had not retrograded. That there had been a steady and gradual improvement in our medical colleges generally, and brought to the notice of the association the attention which was observed in preparatory education in the Medical College of South Carolina, which was highly creditable to the same. His remarks were listened to with attention, and brought forth observations of a like character from other members present.

The report and proposed amendments were received, after having been amended so as to read as follows: [We omit the report.]

ARTICLE I.—*Title of the Association.*

This institution shall be known and distinguished by the name and title of "The American Medical Association." It shall be composed of all the members of the medical profession of the United States of good standing, who acknowledge fealty to and adopt the code of ethics adopted by the association: and its business shall be conducted by their delegates or representatives, who shall be appointed annually in the manner prescribed in this constitution.

Strike out the whole of Article II, referring to "Members," and insert the following:

ARTICLE II.—*Of Delegates.*

§1. The delegates to the meetings of the association shall collectively represent and have cognizance of the common interests of the medical profession in

every part of the United States, and shall hold their appointment from county, state and regularly chartered medical societies; from chartered medical colleges, hospitals and permanent voluntary medical associations in good standing with the profession. Delegates may also be received from the medical staffs of the United States army and navy.

§2. Each delegate shall hold his appointment for one year and until another is appointed to succeed him, and he shall be entitled to participate in all the business affairs of the association.

§3. The county, district, chartered and voluntary medical societies shall have the privilege of sending to the association one delegate for every ten of its resident members, and one more for every additional fraction of more than one half of this number.

§4. Every state society shall have the privilege of sending four delegates; and in those states in which county and district societies are not generally organized, in lieu of the privilege of sending four delegates, it shall be entitled to send one delegate for every ten of its regular members, and one more for every additional fraction of more than one half of this number.

§5. No medical society shall have the privilege of representation which does not require of its members an observance of the code of ethics of this association.

§6. The faculty of every chartered medical college acknowledging its fealty to the code of ethics of this association, shall have the privilege of sending one delegate to represent it in the association: *Provided.* That the said faculty shall comprise six professors, and give one course of instruction annually of not less than sixteen weeks on Anatomy, Materia Medica, Theory and Practice of Medicine, Theory and Practice of Surgery, Midwifery and Chemistry: *And provided also,* That the said faculty requires of its candidates for graduation—1st. That they shall be twenty-one years of age; 2d. That they shall have studied three entire years, two of which must have been with some respectable practitioner; 3d. That they shall have attended two full courses of lectures, (not however to be embraced in the same year,) and one of which must have been in the institution granting the diploma, and also where students are required to continue their attendance on the lectures to the close of the session; and 4th. That they shall show by examination that they are qualified to practice medicine.

§7. The medical faculty of the University of Virginia shall be entitled to representation in the association, notwithstanding that it has not six professors, and that it does not require three years of study from its pupils, but only so long as the present peculiar system of instruction and examination practised by that institution shall continue in force.

§8. All hospitals, the medical officers of which are in good standing with the profession, and which have accommodation for one hundred patients, shall be entitled to send one delegate to the association.

§9. Delegates representing the medical staffs of the United States army and navy shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers.

§ 10. No delegate shall be registered on the books of the association as representing more than one constituency.

§ 11. Every delegate elect, prior to the permanent organization of the annual meeting, and before voting on any question after the meeting has been organized, shall sign the constitution and inscribe his name and address in full. with the title of the institution which he represents.

Dr. Wadsworth of Pa. offered the following resolution:

Resolved, That when the association adjourns, it will be to

meet again this afternoon at 4½ o'clock P. M., and that the resolution adopted on yesterday be rescinded so far as it conflicts with this action. Carried.

Dr. Smith of New York, chairman of committee on nominations, made a report, which was recommitted, on motion of Dr. Patterson of Va., for correction.

The chair then announced the following committee on Dr. Simons' resolution in regard to the propriety of memorializing congress to pass some law requiring emigrant vessels to carry surgeons, viz: Dr. T. Y. Simons of S. C., chairman, Pope of Mo., Thompson of Del., Flint of Ky. and Mauran of R. I.

Dr. Knight of Conn. moved to lay the report on amendments to the constitution on the table, to be taken up and voted on, section by section; which was carried.

The association then adjourned till 4½ o'clock P. M.

AFTERNOON SESSION.

Dr. Wellford, president, called the association to order at half past 4 o'clock.

Dr. McIntyre, of N. Y. moved to refer the report on the amendments to the Constitution. to the publication committee; which was lost.

Dr. Smith, N. Y., chairman of the nomination committee, reported and offered the following resolution, which was received and adopted unanimously.

Resolved, That the following gentlemen be appointed:

1. *Committee on Medical Literature*—Renè La Roche, M. D., of Pa., chairman; H. W. De Saussure, M. D. of S. C.; N. S. Davis, M. D., of Ill.; Jacob Bigelow, M. D., of Mass.; Ed. H. Barton, M. D. of La.

2. *Committee on Medical Education*—Zina Pitcher, M. D., of Mich., chairman; Austin Flint, M. D., of N. Y.; J. R. W. Dunbar, M. D., of Md.; James McKeen, M. D., of Maine; D. W. Yandell, M. D., of Ky.

The amendments to the constitution, as embodied in the amended report of the committee at the morning session, were then read, section by section, and after some debate, laid on the table as proposed amendments to the constitution.

During the discussion, Dr. Wilson of Va. offered the following amendment, which was laid on the table, on motion of Dr. Thomas of Md.:

The faculty of every chartered medical college acknowledging its fealty to the code of ethics, and conforming to the requisitions of this association on the subject of medical education as adopted by this association in 1846, and reiterated at its subsequent meetings, shall have the privilege of sending one delegate to represent

it in the association: provided that the medical faculty of the University of Virginia shall be entitled to representation in this association in consequence of its peculiar organization, but only so long as its peculiar system of instruction and examination shall continue in force.

Dr. Wilson gave notice that the above would be called up at the next meeting of the association as an amendment to the constitution.

Dr. Atlee of Pennsylvania moved the following which was adopted:

Resolved, That this association still recommends to the medical colleges the propriety of lengthening their terms of instruction.

On motion, the following resolution was called up for consideration, and adopted:

Resolved, That the colleges exclusively of dentistry and pharmacy are not recognized by this association as among the bodies authorized to send delegates to its meetings.

On motion of Dr. Gooch of Virginia, the two reports from the committee appointed last year to suggest alterations of the constitution, together with that of the committee to which they were referred on yesterday, were referred to the committee of publication, with instructions to print.

Dr. Jackson of Pennsylvania then read a report from the committee appointed to consider the resolutions offered on yesterday by Dr. Cox of Maryland, in regard to memorializing congress to pass an act giving rank to surgeons in the navy:

The committee to whom the resolutions relative to the rank of the medical officers of the United States navy were referred, respectfully report:

That the objects sought to be obtained, in respect to rank, by the medical officers of the navy, and the course they have pursued, were approved by this association at the meetings held in Baltimore, 1848, in Cincinnati, Ohio, 1850, and in Charleston, South Carolina, 1851.

The attention of the association has again been directed to this subject by Surgeon Ninian Pinkney of the navy, who has read a memorial he contemplates presenting to congress, and a bill providing by legislative enactment for the definite settlement of this unnecessarily debated question.

This association can have no hesitation in reaffirming its former opinions and action, and of approving the memorial of Surgeon Pinkney so far as it sustains the views of the navy medical officers, as also the provision contained in the bill which he has drafted for the adjustment of this controversy, calculated to disturb the harmony of the officers associated in separate departments of the same service, and whose united action is indispensable to the perfect fulfillment of their respective duties.

It is difficult to understand the opposition of the naval ship officers to the institution of military rank and grade for the navy medical officers. Rank and grade are things in themselves of no value—that philosophers may despise—but it is the universal custom of mankind to employ them as symbols of ideas expressive of honor and respect for individuals or stations. They do not necessarily, and need not confer command, or be connected with other than moral power and influence. The naval ship officers comprehend fully the

value of rank and grade and forms of ceremony on the minds of the crews, who are for the most part uneducated, whom they command. They evince on this very subject great pertinacity, and it may also be said jealousy, in the opposition they make to the conferring of rank and grade unassociated with command or power, as marks only of honor and respect, on the naval medical officers. The government some years past, by the appointment of a navy and army examining board, elevated the standard of education for their navy and army medical officers to the highest point, not merely for professional knowledge, but on subjects of general information. It is a higher standard than that of any of our medical schools.

The navy department, acting in uniformity to this requisition of higher attainments in the medical officer, in the year 1847 conferred on him assimilated rank and grade, denoting solely the honor and respect due to him and his position, bestowing no power that could interfere with the command and proper duties of the naval ship officers.

So far as this association has information, this system worked well—did not conflict with any duties connected with the command of the ship, and that no valid reason existed for its alteration. It was not permitted to remain undisturbed. It was subjected to a revision by a board of officers, in which the medical navy officers had not a single representative. The result has been a report that degrades the navy medical officers from their former rank, and establishes a lower one, and without assigning a reason for this course, or the advantages it possesses over that which had been previously established by the navy department. What renders this proceeding the more invidious is that the army board, appointed at the time with the navy board and for similar enquiries, have retained the rank and grade of the army medical officers as previously established, which was the same as that of the navy medical officers under the regulation of 1847.

As a consequence of this different action of the boards of navy and army officers, this incongruity, if adopted, will be introduced into the military code of the United States—that the navy medical officers will hold a lower grade and rank than the army medical officers, and a consequent implication of the inferiority of the one to the other.

In view of the above considerations, the committee submit to the association the following resolutions as substitutes for those referred to them:

1. *Resolved*, That the American Medical Association representing the medical profession of the United States, reaffirm the resolutions passed at the meetings held in Baltimore in 1848, in Cincinnati in 1850, and in Charleston, South Carolina, in 1851, by pressing their approbation and support of the establishment of the assimilated rank conferred on the navy medical officers by the regulation of the navy department in 1847.

2. That this association is not aware of any disadvantage attending on the regulation of 1847; that they can perceive no just cause for its alteration, and disapprove of the change proposed.

3. That it is the opinion of this association that it would be for the interest of the naval service that this question should be settled definitely during the present session of congress, and if conformable with the usages of the military service, by legislative enactment to which request they respectfully invite the attention of the honorable senate and house of representatives.

SAM'L JACKSON,
CHRIS. C. COX.

On motion of Dr. Corbin of Va., the report was received and adopted, and the secretaries were instructed to forward a certified copy of the same to the presiding officers of both houses of congress, and also to the secretary of the navy.

Dr. Simons of S. C., chairman of the committee raised on Dr. Sutton's resolution, adopted on Wednesday, made the following report:

"The committee appointed, on motion of Dr. Sutton, to enquire what action should be taken to get congress to publish the medical statistics of the census of the United States separately, to be presented to the medical profession under the auspices of the medical association, recommend that this or some other committee be empowered to memorialize congress on the same."

On motion of Dr. Gooch of Va., the report was received, and the same committee was instructed to carry out the recommendation in it.

Dr. W. Hooker of Ct. read the report of the committee on the epidemics of New England, together with the following recommendation from the chairman of the several committees on epidemics, which was adopted:

In behalf of the committees on epidemics who are present at this meeting of the association, we present the following communication.

In view of the statements made in the report just presented, and of those which will be presented to you in some of the other reports on epidemics, the undersigned, members of a part of the committees on this subject appointed by this association, would recommend to the meeting the following resolutions:

Resolved, That the committees on epidemics be constituted, in relation to the division into districts, as they were the last year, and that they be continued in service during a period of five years.

Resolved, That the chairman appointed for each district shall have power to select associates, not exceeding four in number, to assist him in his labors.

Resolved, That the several state medical societies be requested to use their influence to procure the appointment, by the legislatures, of sanitary commissions.

(Signed,) W. L. SUTTON,
JNO. L. ATLEE,
W. HOOKER,
JOSEPH PARRISH,
Z. PITCHER,
RO. W. HAXALL.

Dr. Storer of Mass. sent to the secretary's table a correspondence between the president of the Epidemiological Society of London, and the Hon. Abbott Lawrence, ambassador to England, together with some documents relating to the organization and usefulness of the society.

On motion of Dr. Condie of Pa. they were laid on the table.

A letter was received and read from Dr. Robley Dunglison, foreign secretary, and one of the vice presidents of the Sydenham

Society of London, presenting copies of the constitution and laws of the society; which, on Dr. Hayward's motion, were laid on the table.

Dr. Pope of Mo. then read a report from the committee on the uses of water in surgery; which, on motion of Dr. Drake, was referred to the committee on publication.

On motion, the Association then adjourned.

FRIDAY, MAY 7, 1852.

The Association was called to order by the President, at 4½ o'clock, P. M.

The minutes of yesterday's session were read, amended and approved.

On motion of Dr. Stille of Pennsylvania, the paper read by Dr. Drake of Kentucky, on the "Influence of Climatic Changes on Consumption," was referred to the committee of publication.

Dr. Atlee of Pennsylvania offered the following preamble and resolution, which were unanimously adopted:

Whereas, it is the duty of patriotism to do homage to those who have been benefactors to their country; and whereas the medical profession in the United States, heretofore not wanting in patriotic feeling or action, desire to co-operate with the other public bodies and institutions of the country in rendering their profound reverence to the memory of him who was "first in peace, first in war, and first in the hearts of his countrymen:"

Be it therefore Resolved, That a committee of five be appointed, whose duty it shall be to solicit subscriptions from members of the American Medical Association, for the purpose of procuring a suitable stone with an appropriate inscription, for insertion in the name of this Association, into the national monument to the memory of WASHINGTON, now in progress of erection at Washington city.

The chair announced the committee to consist of Drs. Jos. L. Atlee, W. P. Johnson, Ro. W. Haxall, Alfred Stillé and Gouverneur Emerson.

Dr. C. C. COX, of Maryland offered the following resolution, which was lost:

Resolved, That the committee on publication be and are hereby directed, to distribute copies of the Transactions of this Association, when printed, to the several booksellers in the the principal cities of the Union, for the more convenient access of members entitled to the same, and also for the purpose of disposing of such copies as may remain on hand after the members shall have been supplied.

Dr. Corbin of Virginia called up his resolution, offered on Wednesday, in regard to accrediting one member from each state represented in the Association, to travel in Europe, and to report upon foreign medical affairs to the Association.

The resolution was adopted.

Dr. Phelps of New York, then called up his amendment to the constitution proposed last year, to insert in article vii, p. 60, after the word "endeavors" the words "in reliance on divine guidance and support."

The motion so to amend was lost.

Drs. Flint of Kentucky and Hooker of Connecticut made motions in regard to the constitution, but they were withdrawn.

Dr. J. M. Smith of New York, chairman of the committee on nominations, presented the following report, which, on motion of Dr. Corbin of Virginia, was adopted:

The committee of nominations, in fulfilling the duty of their appointment, propose to continue most of the special committees appointed by the Association in May, 1851, and to appoint several new special committees; they therefore submit the following list of *chairmen of special committees*, with the subjects to them committed:

1. Dr. D. F. Condie of Philadelphia—On the Causes of Tubercular Disease.
2. Dr. James Jones of New Orleans—On the Mutual Relations of Yellow and Bilious Remittent Fever.
3. Dr. R. S. Holmes of St. Louis, Mo.—On Epidemic Erysipelas.
4. Dr. Charles D. Meigs of Philadelphia—On Acute and Chronic Diseases of the Neck of the Uterus.
5. Dr. J. P. Jervey of Charleston, S. C.—On Dengue.
6. Dr. Daniel Drake of Cincinnati, O.—On Milk Sickness, so called.
7. Dr. A. Lopez of Mobile, Ala.—On the prevalence of Idiopathic Tetanus.
8. Dr. Geo. B. Wood of Philadelphia—On Diseases of the Parasitic Organs.
9. Dr. R. D. Arnold of Savannah, Ga.—On the Physiological Peculiarities and Diseases of Negroes.
10. Dr. Joseph Carson of Philadelphia—On the Alkaloids which may be substituted for Quinia.
11. Dr. S. D. Gross of Louisville, Ky.—On Results of Surgical Operations for the Relief of Malignant Diseases.
12. Dr. James R. Wood of New York—On Statistics of the Operation for the removal of Stone in the Bladder.
13. Dr. Alexander H. Stevens of New York—On Sanitary Principles applicable to the Construction of Dwellings.
14. Dr. F. Peyre Porcher of Charleston, S. C.—On Toxicological and Medicinal Properties of our Cryptogamic Plants.
15. Dr. G. Emerson of Philadelphia—On Agency of the Refrigeration produced through upward Radiation of Heat as an exciting cause of Disease.
16. Dr. Henry J. Bigelow of Boston, Mass.—On the best means of making Pressure in Reducible Hernia.
17. Dr. A. T. B. Merritt of Richmond, Va.—On Cholera and its Relation to Congestive Fever—their analogy or identity.
18. Dr. Usher Parsons of Providence, R. I.—On Displacements of the Uterus.
19. Dr. H. F. Campbell of Augusta, Ga.—On Typhoid Fever.
20. Dr. Worthington Hooker of Conn.—On Epidemics of New England and New York.
21. Dr. John L. Atlee of Lancaster, Pa.—On Epidemics of New Jersey, Pennsylvania, Delaware and Maryland.
22. Dr. Robert W. Haxall of Richmond, Va.—On Epidemics of Virginia and North Carolina.
23. Dr. Wm. M. Bolling of Montgomery, Ala.—On Epidemics of South Carolina, Georgia, Florida and Alabama.

24. Dr. Edward H. Barton of New Orleans, La.—On Epidemics of Mississippi, Louisiana, Texas and Arkansas.

25 Dr. W. L. Sutton of Georgetown, Ky.—On Epidemics of Tennessee and Kentucky.

26. Dr. Thomas Reyburn of St. Louis, Mo.—On Epidemics of Missouri, Illinois, Iowa and Wisconsin.

27. Dr. George Mendenhall of Cincinnati, O.—On Epidemics of Ohio, Indiana and Michigan.

Committee on Volunteer Communications—Drs Joseph M. Smith, Jno. A. Swett, Willard Parker, Gurdon Buck and Alfred C. Post, of New York.

The secretary then read a letter from Dr. S. D. Gross of Kentucky, chairman of the committee "on the results of surgical operations for the relief of malignant diseases, regretting his inability, after strenuous exertions, to present a satisfactory report to the present meeting, and asking to be continued at the head of the same committee.

Dr. Paul Lajus of Pa. offered the following resolution, which, after some debate, was lost:

Resolved, That a prize of $250 be awarded hereafter to the best prize essay, and that honorable mention be awarded to the four next best essays, provided they be worthy of that honor.

Dr. Wood of Pa. then moved that instead of awarding five prizes of $50 each, annually, the Association hereafter grant two prizes of $100 each for the two best essays. Carried.

On motion of Dr. Stille of Pa., the report on proposed amendments to the constitution was recommitted to the committee, with instructions "so to amend it as to admit a representation of the army and navy, and to make other alterations."

Dr. R. E. Rogers of Va. then read the following report:

"The committee to which was referred two voluntary communications, one on the injurious effects of the Daguerreotype art, the other on the proper mode of teaching chemistry in medical schools, beg leave respectfully to report, that the first named communication has been withdrawn by its author, he wishing to leave the city. With respect to the second communication, they would report that they have read and carefully considered its contents, and that while they fully recognize the interest and importance of the subject of the communication, yet in their opinion it is not of a kind which comes within the scope of the views of the Association, with reference to the matter to be included in the published Transactions of the body. They therefore recommend that the paper be returned to its author.

(Signed,) R. E. ROGERS,
A. T. B. MERRITT,
J. R. W. DUNBAR,
Committee."

On motion of Dr. Dove of Va. the report was received and adopted, and the committee was discharged from further consideration of the subject.

The reports of the committees on scientific subjects being called for, Dr. Horner of Pa. moved that they be read by their titles, and referred to the committee of publication, which motion was adopted.

The following reports were then presented, read by their titles, and referred to the committee of publication.

"On the Toxicological and Medicinal properties of our Cryptogamic Plants," by F. Peyre Porcher of S. C.

"On the epidemics of New Jersey, Pennsylvania, Delaware and Maryland," by J. L. Atlee of Pa.

"On the Epidemics of South Carolina, Georgia, Florida and Alabama," by Dr. W. M. Bolling of Ala.

Together with this report, which was handed in by Dr. Drake of Ky., there was also presented a paper by Dr. D. J. Cain of S. C.; which was ordered to be appended to the report when published.

"On the Epidemics of Mississippi, Louisiana, Texas and Arkansas," by Dr. Ed. H. Barton of La.

"On the Epidemics of Ohio, Indiana and Michigan," by Dr. Geo. Mendenhall of Ohio.

Dr. Stewart of N. Y. then presented the report of the committee on the amendments to the constitution, and read the following additions which the committee had made since its recommitment:

To section 1, article 2, add "Delegates may also be received from the United States army and navy."

In section 6, article 2, add the words "Comprise six professors" and", after "provided said faculty shall."

In section 6, add to 3d requisition on faculties, the words "and also where students are required to continue their attendance on the lectures until the close of the session."

Add section 7. "The medical faculty of the University of Virginia shall be entitled to representation in the association, notwithstanding that it is not composed of six professors, and that it does not require three years of study for its pupils, but only so long as the present peculiar system of instruction and examination practiced by that institution shall continue in force."

Add section 9. "Delegates representing the medical staff of the United States army or navy, shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

After some discussion, and the failure of several motions to alter, lay on the table, etc., the report from the committee was accepted as amended, by a unanimous vote, and the propositions (as seen on page 495 of third day's proceedings) were recommended to the next association as amendments to the constitution.

Dr. Bolton, of Va., then gave notice of the following amendment, which he should call up at the next meeting: Add to section

6, article 2, "Provided that such college require of its matriculates an adequate preliminary examination."

Dr. F. C. Stewart, of N. Y., moved the following preamble and resolutions, which were seconded by Dr. Pope of Mo., and unanimously adopted:

Whereas, the building in which this association has held its present session, was gratuitously furnished by the proprietors, therefore,

Resolved, That the cordial thanks of the "American Medical Association" be and the same are hereby tendered to the pastor and trustees of the United Presbyterian congregation of the city of Richmond, for the kindness and hospitality manifested by them in tendering to the Association the free use of their church and lecture room.

Resolved, That a copy of these resolutions be signed by the president and secretaries of the Association, and transmitted to the pastor and trustees of the United Presbyterian congregation.

Dr. Dunbar of Md. offered the following resolution, which was unanimously adopted by a rising vote:

Resolved, That the thanks of this Association are hereby voted to the president for the able and satisfactory manner in which he has presided over its meetings, and also to the secretaries for the faithful manner in which they have discharged their laborious duties.

On motion of Dr. Thompson of Delaware, and seconded by Dr. Rogers of Virginia, the following resolution was unanimously adopted, and a copy of it was directed to be furnished to Dr. Moultrie:

Resolved, That the thanks of the Association are unanimously voted to Dr. James Moultrie of South Carolina, its late president, for the able, impartial and faithful manner in which he has discharged the duties of president of this Association, during the past year.

On motion of Dr. Gooch of Va., the president was empowered to make the appointments under Dr. Corbin's resolution, offered on the second day and passed, at any time during the year.

On motion of Dr. Pope of Missouri, the Association then adjourned to meet again in May next, in the city of New York.

The Vice President in the chair, Dr. T. Y. Simons of S. C., then, in a few appropriate remarks, congratulated the members on the happy termination of their meeting, and declared it adjourned *sine die.*

OHIO STATE MEDICAL SOCIETY.

On Tuesday June 1st, the following officers were elected for the ensuing year:

President—Prof. H. A. Ackley, of Cleveland. Vice Presidents—Drs. A. J. Bennett, of Tuscarawas; H. S. Conklin, of Shelby;

Friend Cook, of Portage; B. Stanton, of Salem. Secretaries—Dr. McLane, of Jackson, and Dr. Carey, of Dayton. Treasurer—Dr. Rickey, of Cleveland.

Thirty-five Physicians from various sections of the State were admitted as members of the Society.

The day's session was closed by the reading of a paper, on the Preliminary Education of Physicians by Dr. Buckner.

MEDICAL APPOINTMENT.

Dr. Worthington Hooker of Norwich, Ct., has been appointed to the chair of Theory and Practice in the Medical Institution of Yale College, in the place of Dr. Eli Ives, who is transferred to the chair of Materia Medica.

EPIDEMIC DISEASES OF OHIO, INDIANA AND MICHIGAN.

At the late meeting of the American Medical Association the undersigned was reappointed chairman of a committee to report upon the Epidemic Diseases of Ohio, Indiana and Michigan at the next meeting of the Association to be held in New York, in May next. In fulfilling the object enjoined upon the chairman, he has appointed N. Johnson, M. D., of Cambridge City, Ind., Z. Pitcher, M. D., of Detroit Michigan, and D. Tilden, M. D., of Sandusky, Ohio, as members of the committee. It is desirable that as complete a report as possible be made, and the co-operation of the profession in these states is therefore most earnestly requested. Information is especially desired on the following subjects:

Epidemic Cholera,	Typhus and Typhoid Fevers.
Cholera Infantum,	Hooping Cough,
Diarrhœa,	Influenza,
Dysentery,	Measles,
Erysipelas,	Scarlet Fever,
Intermittent and Rem. Fevers,	Small Pox, &c.

Any other form of disease appearing as an epidemic will be understood as being included along with the above.

The points of greatest interest to which attention is particularly invited are, Causes giving rise to and favoring the propagation of disease or checking its progress; Prophylactics; Influence of Age, Sex and Nativity; Prominent Symptoms; Extent of Prevalence; Proportional Mortality; Post mortem appearances; Treatment; Duration of individual cases of disease; and any other points that may in any way bear upon the subject. such as Soil; Geological formations (illustrated by a map when practicable); Natural Productions; Condition as to Improvement; Water; Meteorological Observations, &c.

It is preferred that reports be made to Jan. 1st 1853 including the previous year. If anys remarkable visitations of disease should have occurred previously to that time an account of them will be acceptable, carefully designating the date of occurrence.

General Medical History, also of the *changes* which have occurred in particular districts in diseases since the settlement of the country will be gladly received.

It is desirable that all reports made to the committee may be forwarded so that they may be in the hands of the chairman by the 15th of Jan. 1853.

The chairman takes this method of thanking those physicians who sent him contributions for last year's report, and hopes that they may repeat them for the present year.

It is hoped that this appeal to the profession will be responded to, and that every member will feel himself called upon to contribute something to the general fund of knowledge on these subjects.

Contributions may be sent to GEO. MENDENHALL, M. D. *Chm'n.*
Cincinnati, Ohio.
Z. PITCHER, M. D., Detroit, Mich.
N. JOHNSON, M. D., Cambridge City
D. TILDEN, M. D., Sandusky, O.
[Wayne Co., Ia.

P. S. The committee would respectfully solicit the aid of County and other Medical Societies; which can be efficiently rendered by members making brief reports of the diseases of their respective neighborhoods to the secretaries, who can condense them and furnish the result to the committee.

☞Canada Medical Journal and Monthly Record of Medical and Surgical Science. Edited by R. L. McDonnell, M. D., and A. H. David. M. D., Montreal.

☞The East Tennessee Record of Medicine and Surgery. Edited by Frank A. Ramsey, A. M., M. D., Knoxville, Tenn.

The first named journal has reached its third number and promises well to be a valuable addition to our periodical medical literature. It is published monthly at $3 per year in advance, and contains sixty-four pages of reading matter.

The latter is "intended mainly as a medium of Record of Practice for the Physicians of East Tennessee." Judging from the specimen exhibited by the first number we have no doubt it will prove to be an important aid in the medical vineyard. We are glad to see a new spirit arising among our Southern brethren in reference to writing upon and publishing medical facts transpiring among them. It is to be hoped that their readers may be infused with spirit sufficient to sustain these enterprises and not suffer them to languish for want of the sustenance of "material aid." We see that "No Quack Medicine Advertisements will be taken;" and we have no doubt we can add er of Quack Schools either. This is the right ground; give no countenance

to such degradation, and let all heresies of this character be cut entirely loose from respectable journals. We wish our new cotemporaries much success professionally and pecuniarily. The Tennessee journal contains one hundred pages, and is published quarterly at $2 per annum, in advance.

MEDICAL COLLEGE OF OHIO.

Our readers have been already apprised of the resignation of Dr. John Bell; and, more recently, Dr. Mussey has resigned the chair of Surgery. Professor Mussey had, for some time past, contemplated a resignation, and the present year was the period fixed by him for that purpose. His determination to resign grew out of advancing years, and his numerous and pressing engagements. We have not space, at this time, to speak of the character and services of Professor Mussey, but hope, at some future time, to say more of this veteran surgeon. It is gratifying to state that he has been elected Emeritus Professor of Surgery—a distinction justly merited.

The preceding vacancies having occurred, the following organization of the Faculty has been made:

Jedediah Cobb, M. D., Professor of Anatomy.

John Locke, Sr., M. D., Professor of Chemistry and Pharmacy.

John Locke Jr., M. D., Adjunct Professor of Chemistry and Pharmacy.

L. M. Lawson, M. D., Professor of Physiology and Pathology.

T. O. Edwards, M. D., Professor of Materia Medica and Therapeutics, and Medical Jurisprudence.

H. W. Baxley, M. D., Professor of Surgery and Surgical Anatomy.

L. C. Rives. M. D., Professor of Obstetrics and Diseases of Women and Children.

Daniel Drake, M. D. Professor of Theory and Practice and Clinical Medicine.

This organization cannot fail to give satisfaction to the friends of the institution. It is not necessary for us to speak in eulogy of the two gentlemen introduced into the school. Professor Drake is known to the entire profession as a teacher of the highest capacity; and Professor Cobb (formerly Professor of Anatomy in the Medical College of Ohio, and for the last fifteen years in the University of Louisville), enjoys the highest reputation as a teacher of Anatomy.

Indeed, it may with great justice be asserted, that these gentlemen have no superiors in their respective departments, in the United States. Thus organized, the Medical College of Ohio cannot fail to give satisfaction to the profession, and to prove eminently successful.

THE WESTERN LANCET.

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PART I.

ORIGINAL COMMUNICATIONS.

ART. I—*Dysentery as it appeared in Salem and vicinity, during the Summer of* 1851. By BENJ. STANTON, M. D.

It may not be improper to premise, "that our village of Salem, containing about two thousand inhabitants, situated in Columbiana County, O., near the forty-first degree of North latitude, is about twenty-five miles N. W. of the Ohio river at Wellsville; and intermediate between the hilly part of the state on the south and south-east, and the comparatively level part of the country lying north and north-west.

The land around the village, though partaking more of the characteristics of the latter, than of the former sections of the state, is still sufficiently rolling to be well drained, and to suffer but little from the consequence of stagnant water or marsh miasmata, except in the vicinity of mill ponds or other artificial reservoirs.

The middle fork of the Little Beaver creek makes near half a circle around us from N. W. to S. E., at a distance of from three to four miles from the village. On this and its tributary branches are a number of mill ponds, and some of the inhabitants in the vicinity of them have suffered considerably from intermittent fever for the past three or four years.

Thus situated, our village has seldom been visited by epidemic diseases, and when they have made their appearance it has mostly been in a mild form.

Within the thirty-six years last past, during which time I have been engaged in the practice of medicine, we have but once had Dysentery to prevail as an epidemic; this was in the year 1822, at which time it prevailed to a considerable extent, with a degree of malignity which caused the death of a number of our citizens. Since then we have occasionally had sporadic cases of the disease, but they have been rare.

During the three or four years preceding the present, we have enjoyed an exemption from disease seldom experienced by an equal number of persons.

Though cholera has been prevailing in some parts of the United States, we have had less of diarrhœa, cholera infantum or bowel complaints amongst children, than we have been accustomed to. This seems the more remarkable because in the years 1832-33 and '34, when cholera was prevailing epidemically in the United States, we had an increase of bowel affections and a few well-marked cases of the epidemic cholera.

In last May and June, erysipelas prevailed to some extent as an epidemic, accompanied by a few cases of puerperal peritonitis, its common attendant. or perhaps, more properly one of the forms of the same disease. We had at the same time some cases of typhoid fever.

The dysentery first made its appearance about the latter end of June and continued to prevail until the approach of cool weather after the equinoctial rains in the latter part of September.

The symptoms attending the dysentery were not materially different from those usually described as characterizing the disease.

Its approach was generally announced by griping pains which were soon followed by mucous dejections tinged with blood, accompanied with straining and tenesmus.

Except in slight cases of the disease, chilliness and fever were amongst its early symptoms, together with pain in the back, heat and pain, or more commonly a sensation of dizziness in the head, furred tongue, disagreeable nauseous taste in the mouth, thirst and want of appetite.

Though the dejections were usually streaked with blood, the quantity of blood discharged was not so great as is sometimes seen in this disease.

Soreness in the abdomen was a common attendant, in some

cases confined mainly to some spot in the track of the colon, in others extending over the whole abdomen. The soreness was frequently so great as to cause patients to show signs of fear at the approach of the hand for its examination.

The disease showed but little regard to age. The proportion of adults affected with it was nearly as great as that of children.

The cases were mostly solitary, there were seldom more than one or two in a family attacked by it.

Typhoid fever was prevailing to some extent at the same time with the dysentery. The two diseases were frequently associated in the same family.

My opportunity for examination was not such as to justify my saying anything of the post mortem appearances exhibited in fatal cases of the disease.

There seems to be some diversity of opinion exhibited by medical writers relative to the pathology of dysentery. I may say that I have long regarded it as a fever with peculiar determination to the lower intestines, and upon this view of the disease I have endeavored to found my treatment of it; with the results of which treatment I think I have mostly had cause to be satisfied.

In the past epidemic, in addition to many other symptoms of fever, we had suppressed or deranged hepatic secretion and probably an engorged state of the portal system, evinced by the soreness of the abdomen, &c.

The fever attending the disease the past summer, in this vicinity, appeared to partake of the typhoid character, and did not in my opinion require the use of the lancet in any case which came under my observation.

My practice generally was, in the early stage of the disease while the febrile action still continued, to give two or three portions of Dover's powder and calomel, (about five grains of each in each portion for an adult,) in the evening and fore part of the night, for the purpose of procuring rest, producing diaphoresis, and changing the biliary secretion; this was followed, in the morning, with a full dose of castor oil with oil of turpentine, so as to procure a free evacuation of the bowels.

After the operation of the cathartic, I endeavored to quiet the bowels during the day, with Dover's powder or opium.

In some cases the calomel was repeated the second and third evenings if indicated; but whether the calomel was repeated or not, if the febrile and dysenteric symptoms still

continued, I usually ordered an opiate at night, to be followed in the morning with a free dose of castor oil, with or without oil of turpentine, to evacuate the bowels. The bowels were again endeavored to be quieted with opiates as before; starch enemata with the addition of laudanum were sometimes used to good advantage for this purpose.

The abdomen was fomented by means of flannels moistened with hot camphorated spirits to which landanum was sometimes added.

In a few cases in which the pain and soreness located itself with severity on some spot in the track of the colon, blisters were used with good effect. Cloths wet with cold water freely applied to the head, as a means of relieving dizziness and pain, and of counteracting fever and the narcotic effect of opiates. The continued free application of cold water to the head I believe to be one of the most efficient and most indispensable remedies we possess in the treatment of all continued fevers, and one by far too much neglected by many physicians.

By the foregoing remedies the disease was cured in from three or four, to eight or ten days: in more protracted cases where the dysenteric discharges and tenesmus continued after the more febrile symptoms had subsided, the continued use of opiates, with an occasional dose of some mild cathartic was generally sufficient for its ultimate cure.

In some of those protracted cases, nitrate of silver combined with opium, one-eighth or one-fourth of a grain of each, repeated at intervals of four hours, was used with good effect; but I am not certain that it possessed any advantage over opium alone. I am not aware that there was any benefit arising from the use of either mineral or vegetable astringents in the treatment of this disease.

Teething children were sometimes cured by six or eight portions of Dover's powder and calomel (one-half gr. each) given at intervals of three or four hours.

Fatal cases of the disease were not numerous; those that did occur were mostly complicated with other diseases, or they were such as had been neglected or badly treated. In some such cases where stimuli and astringents were resorted to without due regard to the febrile character of the disease, the dysenteric symptoms subsided and a fever of a low grade continued which in almost all cases proved fatal.

It will be difficult for me to throw much light upon the cause or causes which may have produced dysentery, as an

epidemic, in this vicinity the past season. If anything can be learned on this point, it may be rather from an examination of some of the circumstances which *do not* seem satisfactorily to account for the production of the disease, than from an attempt to show directly what were the causes of its production.

Changes of weather, unwholesome food, exposure, malaria and contagion, have been supposed to be the ordinary causes of dysentery; we will glance a little at some of these supposed causes.

With regard to weather, though I have no meteoralogic tables to which to refer for minutiæ, I may state in general, that before the latter part of August the weather in this region was not remarkably hot nor dry, nor yet uncommonly wet. The months of May and June were somewhat colder than usual, with rather less of rain than commonly falls at that season of the year; there were however occasional showers, sufficient to keep vegetation in a healthy condition and to produce nearly an average crop of grass. Though rather colder than usual, the temperature was such as to conduce to comfort, and we should suppose to general health. The months of July and the greater part of August were warmer, and we had a sufficiency of rain to bring forward vegetation which had before been backward, but there was no remarkable variation from ordinary seasons.

The weather during the latter part of August and nearly the whole of September, was excessively dry and hot; the thermometer generally ranging from ninety to ninety-six degrees, in the after part of the day.

Dysentery made its appearance in June, while the weather was yet cool and pleasant, and except that it was somewhat increased during the hot dry weather in September, it appeared to be but little affected by the changes of weather until after the coming on of the fall rains and cool weather about the first of October, when both dysentery and fever disappeared.

From this view of the subject, it would seem as though the state of the weather, so far as any sensible deviation from ordinary seasons is concerned, could not justly be regarded as the cause of the disease in a village which since its first settlement, nearly half a century since, has been but once before visited with dysentery as an epidemic.

With regard to food, I know of no failure in the abundance and variety of good food with which we, in common with other citizens of this state, have generally been blessed.

With regard to malaria I may observe, that I am not aware that there have been more cases of dysentery in those parts of our neighborhood which have been most subject to intermittent fever, than have occurred in those which have been least so; and farther, that I have several times known dysentery to prevail epidemically in the hilly parts of the country, where ague is never known, while we have been clear of it.

That contagion had little or no share in the production or spread of the disease, was sufficiently evinced by the number of isolated and solitary cases.

What then shall we say? To assign a peculiar disposition of the atmosphere as a cause of epidemic disease, is at best to attribute such disease to a suppositious cause and can throw no light on the subject, so long as we know nothing of what constitutes this peculiarity, nor even that any peculiarity really exists.

Perhaps it would be better at once to admit that while the agencies above alluded to are sufficiently well known frequently to be causes of disease, the cause or causes which produce and give the characteristic features to epidemic diseases are as yet unknown.

ART. II.—*Remarks on Medical Statistics.* By D. L. STARR, M. D., of Cincinnati.

Every fact developed in medical science is a basis upon which some part of the superstructure may be firmly and securely founded. In order to arrive at a majority of the facts, careful and extensive observation is necessary. When we have arrived at many minor facts, by grouping them we may as certainly arrive at some major truth. Statistics, though not the only means by which we may arrive at general facts in medical science, are the only sure test of having elicited a general fact. But as examples are more impressive teachers than precepts, we shall aim in the present paper to interest our readers by calling their attention to a few of the important truths developed by statistical observation. It is a matter of regret, that in our widely-extended country, no general system of the registration of disease and mortality exists. As far as the writer is informed, but a single state has adopted any such general system. We are therefore compelled to refer to European data for the greater number of the statistics

to which the attention is here invited. These data, in relation to some parts of inquiry, afford means of arriving at as important conclusions as if the observations had been made in our own country. In illustration of this remark, we refer to the Prussian tables of revaccination. But it may be doubted whether the European statistics, in relation to the comparative longevity of town and country, will apply with equal certainty to the towns and country in the United States.

The first general truth that claims our attention is the fact, that as we approach the tropics the relative mortality increases, and consequently the average duration of human life decreases. The table which we insert was quoted by the late Dr. Forry, in a paper published in the New York Journal of Medicine of May, 1848.

Within the tropics the annual mortality is	equal	to	1	to every	25	inhabitants.
From 20 deg. to 40 deg.	"	"	"	1	"	34.5	"
From 40 deg. to 60 deg.	"	"	"	1	"	43.2	"
From 60 deg. to 70 deg.	"	"	"	1	"	50	"

The average duration of life, therefore, will correspond with the above table: within the tropics, twenty-five years; from twenty to forty degrees removed from the equator, thirty-four years and six months; from forty to sixty degrees, forty-three and two-tenths years; and from sixty to seventy, fifty years. This general law is to be received with the qualifying circumstances of habits and customs, location, occupation, &c.

The second subject to which we call the attention, is the influence of the seasons upon health and mortality. For the data here presented, we are indebted to the British and Foreign Medical Review of July, 1847. The observations were made by Dr. J. L. Casper, of Berlin, from 1833 to 1839, including upwards of 155,000 cases. Of these cases, 40,700 occurred in the summer, 39,024 in the winter, 37,865 in the autumn, and 37,748 in the vernal season. The result shows that summer is the most and spring the least sickly season of the year, although the number of cases occurring in autumn exceeded the number occurring in the spring but 117 in seven years.

The number of deaths in the summer were 26,312; in the autumnal season, 24,102; in winter, 24,871, and in spring, 24,714. This gives a considerable excess of mortality for the summer, but lessens that of autumn, and makes it the minimum of the year. In Philadelphia the case is changed. In an equal population, while there occurred during the sum-

mer, 31,194 deaths, there occurred in the winter but 21,158. The vernal season shows a mortality of 23,755, to 23,891 in autumn. Thus changing the minimum of mortality from autumn to winter.

Extremes of Temperature, whether high or low, are eminently destructive to life. This conclusion applies equally to the four seasons, and the fact is confirmed by observations at Berlin, at Hamburgh, at Paris, at Dresden and at New York. If the spring and summer are warmer than the average, the mortality will be proportionably greater, and if the autumn and winter are colder than the average, the mortality will likewise be increased. "No condition of the air is so dangerous to life as dry cold; on the other hand, humid cold has the greatest tendency to support life."

The Influence of the Pressure of the Atmosphere.—Dr. Casper kept an accurate table of the rise and fall of the barometrical mercurial column each month for seven years, and the conclusion is inevitable, that an atmospheric pressure above the average range, in nearly all seasons of the year, is attended with an increased mortality. 29.86 inches is said to be the mean height of the mercurial column at Berlin. In forty months, when the mercury ascended above this point, there died 25,221, and in forty months, when the column descended below these figures, the mortality fell to 25.021. For every 100 who died when the barometer was low, 101.2 died when it was high; but the extremes of a high and low mercurial column of the barometer show a much greater difference in the scale of mortality. Taking thirteen months when the barometer's mean height was 29.98 inches, the mortality was 646 per month; but when the mean height for the same period was 29.72, the mortality was reduced to 621 per month. For every 100 who died when the barometer was low, 103.9 died when the atmosphere was heavy. The following table shows the results, at the different seasons, of a heavy and light atmosphere on the mortality at Berlin:

11 winter	months,	high	barometer,	average	monthly	mortality,	656
10 "	"	low	"	"	"	"	607
8 spring	"	high	"	"	"	"	586
14 "	"	low	"	"	"	"	679
14 summer	"	high	"	"	"	"	627
5 "	"	low	"	"	"	"	619
7 autumnal	"	high	"	"	"	"	649
11 "	"	low	"	"	"	"	576

In Paris the results of an extended series of observations have been strikingly corroborative of those made by Dr. Cas-

per at Berlin. The Parisian tables show that for 109 deaths under a heavy pressure, there is but 101.3 under a low pressure. When the barometer stood above the mean height, the average monthly mortality was 2,016; but when the barometer fell below the mean, the monthly mortality also fell to 1,985. The experiments at Dresden, by Meyer, were attended with similar results.

Hygrometry.—The statistics of the hygrometrical state of the atmosphere, on health and mortality, bring us to conclusions at variance with the commonly received opinion. Dr. Casper contends, and demonstrates by a series of experiments, that a humid atmosphere is more condusive to health than a dry one. The proportion of deaths, all other circumstances being equal, between a humid and dry atmosphere at Berlin, were as 50.5 to 52; or for every 101 deaths in a humid atmosphere, there were 104 in a dry one. The Parisian statistics show a fraction greater difference in favor of health in a humid atmosphere, than those of Berlin. The Berlin tables for the different seasons stand thus:

Deaths in winter,	wet	11.7	to dry	13.5
" spring,	"	12.4	"	12.9
" summer,	"	12.6	"	13.1
" autumn,	"	11.1	"	12.4

In Paris, during wet and dry seasons, the mortality was as follows:

Deaths in winter,	wet	11.6	to dry	13.3
" spring,	"	14.1	"	14.6
" summer,	"	11.8	"	11.7
" autumn,	"	11.9	"	13.9

If, therefore, the mean mortality be estimated at 100 for a given period in a fixed population, according to the Parisian table, and the atmosphere a continued drouth, the mortality will swell to 101.9; but if the atmosphere be humid, the number of deaths will fall to 99.2, making a difference of 2.7 per cent. greater mortality in a dry atmosphere than in a humid one.

The Seasons at which different Classes of Disease Prevail.—Meyer, of Dresden, has published a table, extending over a period of ten years, and comprising 27,068 cases, and the conclusion is that one-third of all inflammatory affections occur in the vernal season, while congestive diseases and hemorrhages are much more prevalent in winter. The Register General of England, in his second report, gives a return of 2,382 deaths by congestion and hemorrhage, and states the season at which they occurred. From January to March,

729, or 30.6 per cent. of the whole number of deaths from this class of disease, took place. From April to June, 543, or 24.4 per cent. From July to September, 471, equal to 19.7 per cent.; and from October to December, 599, or 25.1 per cent. A table was published by Ferario of the number of sudden deaths that occurred at Milan during a period of fifty-six years, from 1774 to 1830, embracing the number of 10,432 fatal cases of dropsy. 3,281 occurred in the winter season, 2,633 in the spring, 2,015 in the summer, and 2,503 in the autumnal season. It will be observed that for every 100¾ deaths in the summer by this disease, according to this statement, we shall have 164 1-20 in winter.

Biliary disorders, and diseases of the intestinal canal, multiply in summer. But of all the diseases to which the human family is liable, none is so fatal as *phthisis pulmonalis.* We have tables including the cities of Berlin, Paris, London, Hamburgh and Stuttgardt, in Europe, and of New York, Philadelphia, Baltimore and Boston, in the United States of America; and taking the deaths from all causes combined, and separating those arising from consumption, and we shall have 16¾ per cent. of the whole mortality—an amount compared to which the deaths from cholera, plague and small-pox combined dwindle to a speck.

In Berlin,	1	death in	5.7	is from consumption.
In Paris,	1	"	5.5	"
In London,	1	"	6.2	"
In Hamburgh,	1	"	4.6	"
In Stuttgardt,	1	"	4.7	"
In New York,	1	"	5	"
In Philadelphia,	1	"	7.7	"
In Baltimore,	1	"	6.7	"
In Boston.	1	"	5.1	"

It will be observed that this disease is most fatal at Hamburgh and Stuttgardt, cities of Germany. The former is in latitude 53 deg. 84 min., and the latter 48 deg. 44 min. Are not the high latitudes generally more productive of phthisis? In our own country, New York stands first in point of mortality from consumption, and Philadelphia, removed less than a single degree either in latitude or longitude, is upon the other extreme. Why this difference? The time is not distant when the medical philosopher will as clearly understand and point out locations most favorable for patients predisposed to different diseases, as the merchant or manufacturer understands the most favorable marts for the purchase and sale of his wares and merchandise. *We want, and the progress of*

medical science imperatively demands, a general system of registration of births, disease and mortality, throughout our country. It has formerly been customary, both in Europe and in our own country, to send consumptive patients to milder climates, during the rigors of winter. If we understood the precise stage of the malady, and could then wisely adapt a climate calculated to prevent its further development, this practice might obtain with a prospect of great benefit to to our patients; but in our present lack of statistical information, the change of location, as a general thing, is questionable. Dr. Casper speaks of 35 consumptive patients who were sent to Madeira in 1821. ⅔ died on board the vessel; 11 were left—3 of those died the first month after their arrival, leaving 8; 5 or 6 survived to the following spring, and 3 or four lived to the second winter. "The grave yards of Rome, Naples, Marseilles, Pisa, Nice and Malta, bear ample testimony to the fatality of this disease, among those who have been induced to seek a foreign clime, in the vain hope of recovery." This observation of the reviewer agrees with my own limited experience in the practice of expatriating consumptive patients. I have known many to seek a return of health in a southern clime, or on some of the West India Islands; but upon reflection I cannot recall a single instance of any who have been permanently benefited by such removal. The statistics show that in this, as in other diseases, a humid atmosphere is beneficial to the patients. In Berlin, during dry winters, the mean number of deaths by consumption was 367; in winters partly dry and partly humid, 338—less 29. In dry summers, 291; in summers partly dry and partly wet, 289—less 2. In dry autumns, 298; in mixed autumns, 263—less 35. Variations of temperature has not been discerned to have much influence upon the fatality of this disease.

Births.—The periods of the day in which the greatest number of births take place, have been settled by very extended and accurate observation. 1000 births, the day being divided into four periods of six hours each, took place as follows: from 12 at night to 6 A. M., 296; from 6 A. M. to 12 M., 232; from 12 M. to 6 P. M., 215; from 6 P. M. to 12 at night, 257. Thus it is found, that in 1000 births, 553 take place between 6 in the evening and 6 in the morning, and but 447 from 6 in the morning to 6 in the evening; difference between the day and night 106, or over ten per cent. In the 553 births at night, 296 take place after midnight, and

but 257 before that hour, showing a difference of 39 in favor of the former period, or after 12 at night and before 6 in the morning. Of the 447 births during the day, 232 took place before noon and 215 in the afternoon, showing a difference of 17 greater in the forenoon. The sex horal period therefore from 12 at night to 6 in the morning is the most prolific, and the sex horal period from 12 at noon to 6 P. M. is the least prolific of the 24 hours. The physiological reason for the excess of births in the night, may be readily inferred, because of less counter excitement, and it would seem that nature ever watchful for the most opportune moment, more frequently seizes the latter part of the night, after a season of invigorating repose, to increase the pain of *maternite*. Deaths from childbirth in England are equal to 1 in 171. In 196 deaths, 55 were returned to the Registrar General simply as deaths from childbirth, without specifying the proximate causes; 7 from miscarriage attended with hemorrhage; 27 from floodings or loss of blood; 6 from ruptures of the uterus; 63 from puerperal fever, peritonitis or inflammation of the womb; 1 from inflammation of the heart; 4 from inflammation of the lungs; 1 from erysipelas; 1 from inflammation of the brain; 3 from phlegmasia dolens; 1 from serous effusion, after childbirth; 14 from exhaustion, collapse, syncope and debility; 2 from convulsions; 5 from puerperal mania; 1 from difficult labor; 1 from exhaustion from a fibrous tumor of the uterus; 1 from tubercules of the womb after delivery; 1 from ovarian dropsy and child birth; 1 from ovarian dropsy after premature birth. We learn from these statistics, that one third of all the deaths attending the phenomena of child-birth arises from puerperal peritonitis. The Registrar General of England, after the most careful investigation, supposes that numerous instances of this disease occur in consequence of specific contagion communicated by the medical attendants. The second cause that produced great fatality was loss of blood or flooding, amounting to one sixth of the whole number of deaths.

We next proceed to a comparison between the mortality of towns and country districts comprising the same number of inhabitants, these data are taken from the English registration, and very probably show a greater comparative mortality for towns than obtained in our country. Taking an area of 9352 square miles in the counties of Essex, Norfolk, (except Norwich) Suffolk, Sussex, Gloucestershire (except Bristol and Clifton), Hertfordshire and Westmoreland, containing a

population of 1,700,484. The deaths registered in four years were 132,116. Then taking the cities of Birmingham, Aston, Bristol, Clifton, Bath, Manchester, Salford, Liverpool, West Derby, Cambridge, Carlisle, Derby, Dudley, Exeter, Leeds, Leicester, Maidstone, New Castle-on-Tyne, Sunderland, Northampton, Nottingham, Sheffield, Stoke-on-Treat' Wolstanton and Wolverhampton, standing on 666 square miles with a population of 1,883,693; and the deaths registered in the four years above were 205,966, showing an excess for the cities of 73,850. But the population of these combined cities exceeded that of the country by 183,200, to correct this excess, 20,000 is stricken from the number of the deaths in the cities, then the account stands, for the country in a population of 1,700,484, deaths during four years 132,116. In the cities during the same period with an equal population, deaths 185, 966. An excess for the cities of 53,850, or one third. If we divide 132,116 by four, we should have the mean annual mortality in a population of 1,700,484, during the four years equal to 33,029, or one to every 51.5 of the population; or the mean duration of life in the country districts is shown to be 51.5 years. But in the cities the mean annual mortality to the same number of inhabitants was 46,491.5, or one in 36.25. Therefore the mean difference in the expectation of life between the city and country, is equal to 15 and 1-6 years. These important deductions are not based upon a single instance. In 1841, London contained a population of 1,875, 493. This population is compared with that of the country districts of Wiltshire, Dorsetshire, Devonshire, Cornwall and Somersetshire, amounting to 1,740,017. The deaths were 189,927 in London, and but 130,298 in the country. Deduct 13,717 from the deaths in the city, on account of excess of inhabitants, and the sum stands: mortality in the country in four years, in a population of 1,740,017—130,298. In the metropolis with the same number of population, for the same period, the mortality was 176,210; the excess was greater in in the city by 45,912. Supposing an equal number of inhabitants, a greater number die in three years in the town, than in four years in the country.

"The deaths by diseases of the zymotic* class, were 86,835 in towns, 45,114 in the counties. By small-pox the mortali-

*The term zymotic is applied to that class of diseases, including those of epidemic, endemic, and contagious character, which arise in consequence of the introduction into the system of an animal or vegetable poison.

ty was twice as great in the town as in the country districts. The mortality in a million, by measles, was 914 in town districts, 346 in the country. Scarlet fever (including putrid sore throats) was the cause of 998 deaths in town and 478 in the country. Consumption produced 22 per cent more deaths in town than in country districts.

We might proceed to inquire into the causes of the greater mortality of dense population, but our remarks are already sufficiently extended. At a subsequent period we may pursue the subject.

ART. III.—*Remarks on some cases of Functional Disease of the Spinal Marrow.* By G. VOLNEY DORSEY, M. D., of Piqua, Ohio.

Mr. Kennedy in the London Journal of Medicine for 1851, has reported some cases of what he terms functional disease of the spine, occurring usually in persons of sedentary habits, and seeming to depend on gastric derangement and want of proper air and exercise. These cases are interesting from the fact, that they are liable to be mistaken for organic disease of the spine, and in consequence, the patient may be subjected to a mode of treatment severe and disagreeable, and at the same time very little if at all calculated to benefit the complaint.

I am not sure that I have ever met with any cases, analogous to those mentioned by Mr. Kennedy in adults, but I have seen many interesting cases in children, in which the symptoms have led experienced physicians into errors of diagnosis, and which I do not remember to have seen so described in the books, as to prove a source of information or instruction to those who may desire assistance in determining the nature of the disease. These cases sometimes make their appearance suddenly, though more generally they approach slowly and gradually—very frequently they come on in subjects, somewhat debilitated and worn down by febrile or other diseases. The lumbar vertebræ are the parts usually affected, and the most prominent symptom, is the loss of power and control over the lower extremities. There is very little pain or soreness in the part of the spine affected, and the only local symptom which I have found constantly present, is a slight increase of heat over the part immediately affected. Exercise does not seem to be injurious to the little

patient, on the contrary after moving around for some time, he seems to improve in locomotive power, and uses his feet and legs much less awkardly, than when first rising from bed or from a seat. There is generally no fever accompanying the attack, in some cases a slight acceleration of the pulse in the evening—but the bowels are usually sluggish, the appetite capricious, and the tongue covered with a white fur. The only treatment I have found necessary to institute, consists in giving at night a few grains of some mercurial, to be worked off in the morning with castor oil and spirits of turpentine; and the application of a small blister repeatedly over the spine at the lower vertebræ.

Case 1. A son of Mr. L. aged 4 years, has been under the care of an intelligent physician for three weeks, for lung fever, but when the lungs were relieved so that he was able to sit up or stand, he was observed to use the feet badly—in attempting to walk, the feet frequently crossed each other, and brought him to the floor. He had perfect use of his hands, but there was a slight squinting observable in the eyes. The spine was not sore to the touch, nor did moving, twisting or turning the body, give any apparent pain—as was evinced by the struggles of the young gentlemen when medicine was to be administered. No fever, appetite good, bowels moved only the action of medicine. He took the following, ℞. mass. hydrag. gr. x., extract hyoscyam gr. v. in pill No. 5 divide—take one every night, with oil and turpentine as a cathartic every second morning, and have three successive blisters applied to the lower lumbar vertebræ. In ten or twelve days his feet and legs were under much better control, and in three weeks he regained the entire use of these limbs—however, when the bowels were neglected, for many weeks afterwards, there were symptoms of a return of his disease, and it was six months before his eyes were entirely straight.

Case II.—A son of Mr. R. aged five years, has complained for several days when first rising from bed of inability to walk, accompanied by some pain in the lower portion of the spine. In walking he rolls from side to side much like a drunken man, and his feet are disposed to be crossed. I saw him about two weeks after the difficulty was first noticed, and at this time his gait was such as I describe when he first arose, but became more steady after moving about a little—he was however, much indisposed to motion and lay most of the time on the sofa, directly on his back. I directed hydrarg. cum. creta, gr. x., to be followed with oil and turpentine in

six hours, and half the quantity to be given every second night and worked off next morning; together with a blister over the lower vertebræ, about four inches in length. The first blister produced no benefit, but by a continuation for three weeks, there was evident improvement. After the first ten days the hydr. cum. creta was given only once a week, but he took eight drops spirits turpentine three times a day, in mucilage of gum arabic. In six weeks he had perfect use of his limbs. Sometimes only one limb seems affected, the nerves of the other remaining strong and under full control.

CASE III.—A little girl of a German laborer, aged two and a half years, was suddenly unable to use the right leg, but supported herself entirely on the left, and refused to make any effort to walk. The leg could be moved, flexed, extended or twisted in any direction without pain—but seemed almost destitute of muscular control. A gentleman who was called in advised a blister over the hip joint, which was used without any relief. I saw the child ten days after the attack, the limb was entirely useless. I directed the usual internal remedies with a blister to the spine. This produced marked relief in three days, and a succession of blisters with turpentine internally and an occasional cathartic completed the cure in three weeks.

CASE IV.—A robust little boy of two years, suddenly lost the use of his right limb; it appeared totally useless, but gave no pain on being moved in any direction. A strong mustard plaster to the spine followed by a towel dipped in cold water, and a mercurial cathartic with oil and turpentine effected a cure in forty-eight hours.

The more frequent occurrence of these diseases in children, than in adults, may, I doubt not, be explained by the greater development of the nervous system in the former, and consequently the more rapid and powerful sympathy of different organs under the influence of disease. The stomach will generally be found the part primarily affected, and hence the relief usually found in those medicines producing an immediate effect on its action, and bringing the organ into its healthy state.

ART. IV.—*Report of a case of Acute Rheumatism.* By HIRAM NANCE, M. D., of Lafayette, Illinois.

The subject of these remarks, is a young man about nineteen years old, who came under my care for the cure of

acute rheumatism, in the spring of 1849. It was quite inflammatory in its character, and of course I met it with the usual remedies laid down by our standard authors, viz., blood-letting, opium, colchicum, tartarized antimony, &c. as they were severally indicated. He lived at a distance of six miles, I visited him four or five times, and left him convalescent, and he continued improving until perfect health was established.

In the present year in the month of April, he again became the subject of an attack, and there being in our village a man who assumes the appellation of Dr. and who has painted on his sign, lobelia, catnup, and one other "*harb*" that I am not able with my botanical knowledge to classify. He had also published through the medium of large handbills, that he discarded the use of all poisons, such as "*antimony, arsenic* and *calomel*," and boasting to be from one of the botanical schools in Cincinnati. Having some influential relatives in and near our village, and professing in chronic cases, "no cure no pay;" many, and especially the weak minded men and the gossipping portion of the women, were disposed to raise the cry in favor of *anti-calomel, blistering* (both general and local), tartarized antimony, &c., and avail themselves of the services of this noted but ephemeral ———; and amongst his victims, this young man proved to be one. His father was induced to employ him on the ground of his anti-calomel principles; he was called, and continued giving him attention from day to day for some weeks, dosing him with hot medicines, stimulating bitters, &c. The patient grew worse instead of better, and on the 9th of May I was called to see him; found him quite emaciated, with general relaxation of the system; tongue heavily coated with a dark yellowish fur, pulse from one hundred to a hundred and ten, profuse night sweats, general torpor of the bowels and the operations of a light clay color. The right hip, knee, and ankle were the local seats of the disease; these were swelled and extremely painful. The heart had a peculiar thrill or vibration, which I was fearful would not subside but result in a metastasis. By the following treatment the urgent symptoms were made to succumb, and my steam victim is now convalescent, so that he is able to be around; has a good appetite, tongue clean, bowels regular, and the articular lewitnlsgs entirely removed.

Treatment.—I commenced by giving 15 grs. of pro. chlo. hydrarg. with pulv. rhei, grs. twenty at night, in the moning

after the operation of the physic, when the fever was at its remission, I ordered sul. quina, grs. two every two hours, until two or three portions had been given. My reasons for giving the calomel are sufficiently obvious when we take into consideration the state of the tongue and the secretions; and the use of the sul. quina was certainly indicated on account of the profuse and exhausting night sweats. The disease being certainly of a miasmatic origin, I continued the above treatment for three successive days, with the addition of twenty-five grains of citric acid (in the absence of lemons) morning, noon and evening. As local applications, I used an epispastic to each of the inflamed joints; enjoined a light unirritating diet, and I was happy in a short time to find my patient in a much better condition; tongue cleaning, pulse down to eighty, but little pain in the joints, and the night sweats much abated. He was then placed upon sul. quinia, grs. twenty-five, in one pint brandy—dose one spoonful three times a day; tinct. guaiac ʒj, three times a day; the citric acid to be continued, and the use of a laxative pill, composed of pulv. rhei, aloes, and pil hydrarg. *pro re nata*. Under this treatment my patient has continued to convalesce until the present time; if he had been left a victim in the hands of this quack, you can guess the serious result. I report this case not on account of any thing new in its history or treatment, but to show the virtues of the remedies that were used by me, which they, as a class of empyrics, entirely discard, and proscribe from their catalogue of their *would be system;* and as a specimen of many who have fallen into my hands from this contaminating quackery.

ART. V.—*Observations on Dysentery, as it prevailed in the town and vicinity of Dalton, Wayne Co. Indiana, in the Summer and Autumn of* 1851. By W. DICKEY, M. D. of Dalton.

This disease prevailed as an epidemic, commencing about the first of July, and ending about the tenth of December. The characteristic features of this disease, differed in the main, from sporadic dysentery. The essential points were not alone in reference to its symptomatology, but also the circumstances of attack, causes, &c.

The diarrhœal period was more tardy before the proper dysenteric symptoms made their appearance, than those cases or-

dinarily brought on by direct irritants applied to the lining membrane of the intestines. This diarrhœal period generally lasted from one to two weeks, and sometimes even a longer period. I have known persons affected in this manner during the entire prevalence of this epidemic, with however an occasional amendment.

The person so afflicted felt unusually dull, with a feeling of languor, a disagreeable sensation of stomach, and aching of loins and extremities. He had especially a disinclination to mental or bodily exertion, or I might say, rather an inability. The tongue was white and flabby, and apparently enlarged, there was loss of appetite in some instances, and in others it was but little impaired—there was from six to a dozen evacuations in the twenty-four hours, which exhibited a variety of appearances. In general they were white thin and frothy, sometimes of a pale yellow, and again they were found to be mucus mixed with blood, attended with more or less tormina.

Sooner or later the dysenteric period made its appearance, which was announced by chilly sensations, not amounting in many instances to distinct chills. The fever that followed was of a pretty continued form. In some cases, however, it was evidently intermittent—presenting distinct intermissions and well marked febrile exacerbations. It would continue in this form for four or five days, and then subside without the use of anti-periodics. Fever of any character seldom lasted beyond this time, and the patient's condition was not in the least benefitted by its subsidence. The patient was left prostrate with no amendment in the dysenteric discharges. Concomitant with the beginning of the febrile stage, the inflammation was announced by blood and mucus dejections, attended in most instances with considerable tenesmus. Here I may observe, however, that the accompanying pain was not in general so great as has been observed in other forms of dysentery. It might have been more annoying, but controlling doses of opium were universally resorted to. The discharges were principally mucus, streaked with blood, but frequently they resembled a jelly like mass. Sometimes there was fœcal matter in the stools, which by no means indicated an amendment in the patient's condition. In some of the more stubborn cases, the discharges resembled ordinary flesh washings; and not unfrequently too, there was suspended in it spongy liver-like looking lumps.

A prominent symptom was nausea and vomiting, especially

after the use of remedial agents, caused no doubt, in part, by arresting the natural and morbid secretions. The tongue was coated with a yellowish white fur, through which might be seen innumerable red points. When the disease became chronic, the tongue presented a smooth, deep red appearance.

These are the symptoms that uniformly took place in this disease. It is unnecessary for me to consume time in a further detail of the symptoms; suffice it to say that all medical authors who have written upon dysentery, describe it as an inflammation of the inner coat of the colon and rectum, which is no more nor less than the morbid condition, in the disease under consideration; and a detail by them of the symptoms, is a minute description of the inflammation in this epidemic. Although this positive similarity in the diseased structure of the bowels, yet the circumstances of its cause and origin are points that deserve a moments consideration.

Location.—Dalton is situated in the valley of Nettle Creek, which has a rich and fertile soil. It is productive of heavy vegetable growth. The banks being low, a moderate rise of water swells the stream out of its banks. Upon its evaporation and fall, the decaying vegetables, together with the stagnant pools and filthy mill ponds, contribute no doubt to the generation of malaria. The country west of a parallel line drawn north and south (three miles each way from the village) at the east bank of the valley, is level, interspersed with numerous stagnant ponds and wet lands. This whole country (the valley included) in the summer and autumn of every year, is rife with intermittent diseases, so much so that in a few of the past seasons, scarce an individual escaped ague, or fever in some shape or other.

The territory lying east of the above line is hilly, and the inhabitants are almost wholly exempt from these endemic diseases. It is in this first described territory that dysentery prevailed, and to malaria I ascribe the cause of the epidemic.

Causes.—That malaria had an agency in its production is evident from its following in the track of the endemic diseases of the country. The manner in which it exerts its influence, is rather speculative. It would seem however, that the poison acting in the same manner as it does in the production of febrile diseases, congests the abdominal viscera, and at last eventuates in inflammation. It affects the mucous membrane of the large intestines most likely by choice, on account of some peculiarity of predisposition. Another fact may be noted in confirmation of its malarious origin. In the latter part of

the season, as dysentery began to decline, intermittent fevers increased proportionly. It is quite probable too, that the very hot days and cool nights that took place in August and September, together with the drought, had an influence in the production of this disease. The fore part of the season, and even up to the last of July, was wet, but after that period scarcely a drop of rain fell until the first of November.

Number of cases treated, and proportional mortality.—The number of cases treated in the above described limits, varied but little from one hundred. That is, those who had dysentery proper. Those who were affected with diarrhœa, consisted of the greatest number of the inhabitants. Out of this number, four died, two of those were infants at the breast, and were teething. The other two had a typhoid form of fever, and lived about five days from the time of their attack.

Treatment.—The treatment was divided into that which seemed proper, in the acute stage of the disease, and that which appeared best adapted to the sub-acute, and chronic forms. In the acute stage the first thing usually done, was to administer two or three doses of calomel and opium, six grains of the former to one of the latter, every three or four hours, followed in a few hours by castor oil. This done, the main reliance was then placed on the use of opium, in large and efficient doses. The patient was kept steadily under its influence, not however to full narcotism, but sufficient to allay all irritation and pain, or principally all, and for this purpose it was necessary to resort to doses varying from one to four grains, owing to age and susceptibility of influence. And this quantity in order to sustain the same effect, had to be administered once in every three to five hours. Sometimes the discharges were wholly checked for from twelve to twenty hours. When this happened, the medicine had to be suspended. When re-established by oil or otherwise, it could again be resumed. Calomel was given in about two grain doses in combination with the opium, and in order to assist in establishing a diaphoresis, ipecachuana, in as large doses as the stomach would bear, was given at the same time. In three or four days the effects of the mercury was manifested in the gums, and it was seldom continued beyond this period —the secretions assumed a healthy appearance, and the patients began to convalesce. In mild cases, other forms of mercury was resorted to; such as hyd. cum. creta and blue mass, with equally favorable results.

A number of remedies were tried in the catalogue of as-

tringents; such as acetate of lead, ext. catechu, gum kino, taanin, galls, geranium maculatum, &c. with an evident injury to the patients. In almost every instance there was an increase in the dysenteric discharges. Benefit was derived from injections of laudanum and mucilage.

In the sub-acute and chronic varieties, mercury appeared to be of but little service. Under its use the tongue became, and continued, dry, smooth and red. Its use was therefore abandoned, and the principal reliance placed on the employment of opium and acetate of lead. Vegetable astringents here, as in the acute stage, were only pernicious. When the inflammation was situated principally in the rectum, an enemata of ten grains of nitrate of silver to the ounce of elm mucilage, was used on two successive days. In the course of forty-eight hours almost all traces of disease had disappeared.

Castor oil, in both the acute and chronic forms, were used in combination with laudanum, about every other day, to remove out of the bowels the irritating secretions.

In no case during the prevalence of this epidemic, was an epispastic employed. Sometimes where there was irritability of stomach, a sinapism was applied over the epigastrium.

PART II.

REVIEWS AND NOTICES.

ART. VI.—*Obstetrics: the Science and the Art.* By CHAS. D. MEIGS, M. D., Professor of Midwifery and the diseases of Women and Children in Jefferson Medical College at Philadelphia, &c. Second Edition, revised. With one hundred and thirty-one illustrations. Philadelphia: Blanchard & Lea. 1852. pp. 759.

From the preface to the present edition, we find that "the first edition of this work, though a large one, is exhausted, and the author has the pleasure of offering to the medical brethren in America, a new one, considerably augmented as to text, and which he has endeavored to improve by recasting some parts, by cancelling others and by an earnest attention to improvements in the literary execution of the whole." This work has now been before the profession for three or four years and has justly taken rank among the most reliable standard works on obstetrics. The style of the author, in this volume is agreeable and perspicuous; differing in a very marked manner from some of his other writings, in which much valuable matter is clothed in a pedantic style unworthy of a gentleman of Prof. Meigs high attainments. It gives us great pleasure to recommend such productions as the present one to the profession, believing that it contains sound views of practice, and is altogether a work of which our country may justly feel proud. For sale by H. W. Derby & Co., Main st.

ART. VII.—*The History, Diagnosis, and Treatment of Fevers of the United States.* By ELISHA BARTLETT, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of the State of New York; Member of the American Academy of Arts and Sciences; author of an Essay on the Philosophy of Medical Science, etc. Third Edition, revised. Philadelphia: Blanchard & Lea. 1852. pp. 595.

We have great pleasure in announcing the third edition of Dr. Bartlett's valuable treatise on fevers. Our readers are too familiar with the work to require a minute analysis. The subject of *Typhoid* fever is more fully, clearly, and satisfactorily discussed than by any American or British writer. The author furnishes, also, a very good history of *Remittent* fever, although we cannot agree with him that the bronzed condition of the liver is so constantly found as to entitle it to be regarded as the anatomical characteristic of the disease.

We have no hesitation in advising our readers to make themselves familiar with Dr. Bartlett's treatise. Take it all together, it is the most complete history of our fevers which has yet been published, and every practitioner should avail himself of its contents. For sale by H. W. Derby & Co.

ART. VIII.—*Lectures on the Principles and Practice of Surgery.* By BRANSBY B. COOPER, F.R.S., Senior Surgeon to Guy's Hospital, etc. Philadelphia, Blanchard & Lea. 1852. pp. 771.

Another Cooper in the Field! Here is a large and well filled volume, comprising the lectures of the senior surgeon of Guy's Hospital—Bransby B. Cooper, Esq., nephew to the Sir Astley. Mr. Cooper has endeavored to render these lectures *practical*; and having occupied the position of senior surgeon to Guy's for a period of twenty-five years, it must be expected that he is capable of embodying no small amount of valuable matter. We incline to the opinion, from a cursory examination, that practitioners of Surgery will find these lectures valuable, they seem to us to embody a large amount of

actual observation and experience, which cannot fail to interest and instruct those who practice this branch of our profession. For sale by H. W. Derby & Co.

ART. IX.—*Elements of Chemistry, including the application of the Science in the Arts.* By THOMAS GRAHAM, F.R.S., Professor of Chemistry in the University of London; Corresponding Member of the Institute of France; Vice President of the Chemical Society, etc. Second American, from an entirely revised, and greatly enlarged English Edition. With numerous Wood Engravings. Edited, with notes, by Robert Bridges, M. D., Professor of Chemistry in the Philadelphia College of Pharmacy; Lecturer on Chemistry in the Philadelphia Association for Medical Instruction, etc. Philadelphia: Blanchard & Lea. 1852.

Graham's Chemistry having long been before the profession, we shall only notify our readers that Part I. of a new and improved edition, has been issued by Messrs. Blanchard & Lea. The second part, it is confidently expected, will be issued during the year; and, when completed, it will make one of the very best books for the use of students. The present edition is greatly improved, and cannot fail to meet with a ready sale. For sale by H. W. Derby & Co.

PART III.

FOREIGN SUMMARY.

1.—*Directions for making and preserving Microscopal Preparations.* By HARTING, of Utrecht.

[The following directions are translated, in a slightly abriged form, from different parts of Harting's work on the microscope.* They have been selected as likely to prove useful to that now numerous class of students who prosecute original researches with the aid of the microscope. Personal experience enables us to attest the value of some of these hints; and the fact that Professor Harting's unrivalled cabinet of microscopic preparations, comprising more than 6000 specimens put up with his own hands, is indebted for its completeness and preservation to the methods of manipulation here described, is sufficient evidence of their excellence.—*Trans.*]

Very few objects can be preserved unaltered when dry, and even when this is possible, as in the case of hairs, fish-scales, and the like, the method is not to be in general recommended. Such objects, when surrounded by air, possess too little transparency to permit a satisfactory definition of their component parts. It is only for preserving the scales of insects and certain *test objects* that the dry method is useful, and even preferable, from the superior distinctness with which it enables the observer to make out the different sorts of lines upon these bodies. The simplest mode of mounting these scales for microscopal examination, is to lay a few of them upon an ordinary glass object-slide, which may be moistened with the breath, if this is found necessary to make the objects adhere to it. A glass covering-plate, of suitable thickness, is then

* Het Mikroscoop, desselfs gebruik, geschiedenis en tegenwoordige toestand. Utrecht. 3 vols. 1848–50.

laid upon the object; and finally there is pasted round both slide and cover a piece of paper, having in its centre an opening corresponding to the position of the object.

Different specimens from the organic kingdom would, if simply put up in the dry way, speedily become the prey of vegetable and animal parasites. This is the case, for instance, with sections of organs like the lungs, preserved by inflation and subsequent drying. To prevent this disadvantage, I am in the habit of moistening such preparations with oil of turpentine, which, on evaporating, leaves upon the surface a very delicate varnish-like coating, which suffices for its protection.

Most microscopal objects, however, require to be mounted in some fluid, the nature of which must be varied according to the properties of the substance which it is wished to preserve. The fluids which I employ are the following.

I.—*Saturated Solution of Chloride of Calcium.*—1st. This solution, which must be perfectly free from traces of iron, is of very general utility, and may be employed in all cases in which the substance to be preserved is of moderate firmness or hardness. In this solution all preparations of bones and teeth, sections of hairs, feathers, fish-scales, whalebone, &c., are best preserved. It may be also used with advantage for mounting specimens of many minute animalcules provided with a hard integument, such as cheese-mites, the itch-insect, small fresh-water crustacea, and the like. It is likewise the best preservative for vegetable preparations, whose cell-walls or vessels have undergone a partial incrustation, and is also very useful for displaying the shells or *loricæ*, of the siliceous bacillariæ and diatomaceæ.

In using it, one only requires to lay the object on a slide, and to moisten it with a drop of the solution, taking care, at the same time, to remove the air-bells which may be formed here and there. Two pieces of paper, corresponding to the thickness of the object, are next pasted to the extremities of the slide, and the whole is then covered with a second glass plate of the same size. If it should now be found that too little fluid has been applied to the object, or that part of it has run off, a drop of the solution may be applied to the edge of the slide, and will find its way between the glasses by capillary attraction. A piece of thin paper may be inserted between the glasses, to promote the flow of the fluid towards the preparation, or to rectify the position of the object when it has become displaced.

For attaching the strips of paper to the glass slides in this and other cases, the best material that can be used is starch paste, with which a little arsenious acid is mixed, in order to prevent the formation of a species of mould which is otherwise apt to gather round the preparations.—Vol. ii., p. 347–350.

Of late I have discovered a fault in this mode of mounting preparations. In many which have been preserved in drops of the chloride of calcium solution, there have formed numerous branches of a species of Hygrocrocis, which spread from preparation to preparation, and from box to box, threatening totally to destroy all specimens which have been put up in this way. I have consequently discontinued the practice of mounting specimens in chloride of calcium solution, to which the air still has access; and when I now employ this or any other fluid, am careful to exclude the influence of the atmosphere by touching the edges of the covering-plate with a cement which I have elsewhere described (see p. 538).—This procedure has the additional advantage of not requiring the use of a saturated solution: it may be diluted, in proportion to the delicacy of the specimen, with from two to ten parts of water.—Vol. iii., p. 470.

II.—*Canada Balsam.*—Many varieties of this substance are met with in commerce, differing from each other in purity and color. The best, and which is alone suitable for the use of the microscopist, is perfectly transparent, almost colorless, and very viscid. Canada balsam is used as a preservative material in all cases when it is of importance to heighten the transparency of the object,—as in mounting specimens of pollen grains, sections of hard fruit envelopes, corals, shells, and especially injected preparations of organs which suffer no change from previous drying. It is also employed for mounting many powder-like mineral substances,—mud, containing diatomaceæ; chalk, with foraminifera, &c. Specimens of this last sort should be spread with water on the object-slide, which should then be warmed till the powder is dry. When cold, the specimen is covered with the balsam, which, if too viscid, may be brought to the consistence of syrup, by the addition of a little oil of turpentine. The mixture with water may be dispensed with in the case of most other objects; but it is generally expedient to moisten them first with oil of turpentine, in order to get rid of air-bubbles which may be present, and finally to cover them with the balsam. The pasting and cover-

ing of the slides are performed just as when the chloride of calcium solution is used.

III.—*Creosote Solution.*—This fluid may be prepared either by distillation with water, or by filtering a saturated solution of creosote in one part of alcohol of s. g. 867°, after mixing it with twenty parts of water. It is useful for all preparations of muscle, cellular tissue, tendon, ligament, cartilage, sections of bones and teeth which have been treated with acid, the fibres of the crystalline lens, etc. For the preservation of adipose tissue, of the ultimate nerve tubes, and of the blood-corpuscles, it is not well adapted. Objects put up in it, after a certain time, usually acquire a brownish-yellow tint.

IV.—*Solution of Arsenious Acid.*—To prepare this solution an excess of arsenious acid is boiled with water, which is then filtered and diluted with thrice as much water. This fluid is one of the most suitable preservatives for preparations from the animal kingdom; all the tissues mentioned under the last head, and also the adipose tissue, may be kept unaltered in it; and as they acquire no yellow color, or a far slighter tinge, during their immersion, I have of late years accorded a general preference to the arsenical over the creosote solution.

V.—*Solution of Corrosive Sublimate.*—This is prepared by dissolving one part of corrosive muriate of mercury in from 200 to 500 parts of water. The strength of the solution must be varied according to the nature of the object to be preserved; hence it is well, when the required degree of concentration is not ascertained, to put up several preparations with solutions of different strengths. This procedure is especially applicable to blood-corpuscles, which can be preserved unaltered in no other fluid with which I have experimented. Thus the blood corpuscles of the frog require a fluid containing one four hundreth of corrosive muriate; those of birds a solution of one three hundreth; those of mammalia and man one two hundreth.

These solutions are likewise useful for keeping the elementary parts of the brain, spinal cord, and retina, although all these structures, in whatever fluid they are put up, undergo some alteration. Cartilage, and the fibres of the crystalline lens, keep well in these fluids; but other fibrous tissues lose too much of their transparency when in contact with them. They may be used, however, for preserving muscular fibre, whose cross markings they render more distinct.

For preparations of delicate vegetable tissues, and, in general, of all tender organs in which it is desired to retain the starch globules and chlorophyl unaltered, for fresh water algæ, diatomaceæ, confervæ, infusoria belonging to the division rotifera, &c., a solution containing one four hundreth or one five hundreth of corrosive sublimate is the best preservative with which I am acquainted.

VI.—*Solution of Carbonate of Potass.*—This may be made of various strengths, with one part of the salt dissolved in from 200 to 500 parts of water, and is the best material for preserving the primitive nerve tubes. Other fibrous tissues may be kept tolerably well in it, but become more transparent than in the fresh condition. This is sometimes advantageous, as, for example, when we wish to display the respiratory apparatus of insects with the ramifications of the air-tubes.

VII.—*Solution of Arsenite of Potass.*—I have, in a few instances, made use of a solution of arsenite of potass in 160 parts of water, to preserve the primitive nerve-tubes. It has been found as effectual as the carbonate of potass solution.

In employing the chloride of calcium solution* and Canada balsam, it is unnecessary to take measures to prevent the evaporation of the fluid. The first remains always fluid,—chloride of calcium being a deliquescent salt; and as the outer surface of the balsam hardens, the escape of the liquid portion is prevented.

But it is otherwise with the last mentioned preservative fluids (Nos. III. to VII). To prevent their evaporation, it is necessary to employ a cement or luting to prevent air from having access to the fluid. Different compositions have been recommended for this purpose; but I have found none more serviceable than that employed by gilders to make gold-leaf adhere to mirror and picture frames. The following is the receipt for the preparation of this so-called gold ground or gold size:—

Let twenty-five parts of linseed oil be boiled for three hours with one part of red lead (*menie*) and one-third of a part of umber, and then poured off. Next take white lead and yellow ochre, well pounded and divided, and mix them together in equal proportions. Successive portions of this mix-

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*The author has renounced the practice of putting up preparations in this fluid, and permitting the access of air, for reasons given at p. 536, line 4, et seq.—[Trans.]

ture must be added to the oil, and well rubbed up and mixed with it, till a tolerably thick fluid is formed, which must be once more thoroughly boiled.

If now a preparation has been made, which it is wished to preserve in the chloride of calcium, or any of the five last mentioned fluids, and if it can, without injury, bear a little pressure, the following manipulation is recommended:

If the specimen is moistened with water, which during the preliminary examination is frequently the case, all superfluous fluid is in the first place removed with a little roll of bibulous paper, or with a camel hair pencil, such as I have elsewhere recommended. The fluid at a little distance from the object may be wiped off with a cotton or linen rag, and the surface of the glass there made perfectly dry. A certain quantity of the preservative fluid is then placed upon the specimen, and this is most conveniently effected by using a dropping flask. The amount of fluid should be such that it should afterwards perfectly fill the space beneath the covering plate: the proper quantity is soon learned by a few trials. Next a (square?) covering plate, about two millimetres (one twelfth of an inch) narrower than the object-slide, should be laid under the centre of the latter,—*i. e.*, immediately beneath the part which it is destined to cover: A pencil is next dipped in the cement, and a square drawn with it upon the glass around the fluid containing the specimen, so that the cement shall extend from one to two millimetres (one twenty fifth to one twelfth of an inch) within the margins of the covering plate. The latter is now to be placed upon the specimen, and its margins finally covered with the cement. If there is too much fluid beneath, the superfluity finds a channel for escape; an opening then takes place in the cement, below the cover, but is again closed, if care be taken to renew the application of the cement to the edges of the cover, when the superfluous fluid has been removed, or has dried up. In about two days, the outer layer of the luting will have become dry, but the inner layer remains soft for many weeks and even months. This is just what constitutes the excellence of the cement, for it never bursts and permits evaporation; and a great number of preparations which I have put up in this manner are at the present time, after the lapse of several years, quite unaltered. It is, however, of importance that the cement shall occupy a portion of the space between the object-plate and its cover; a mere anointing of the edges of the latter is never sufficient.

If the specimen be one which will not bear pressure without injury, it must be put up in some kind of cell, the depth of which must be regulated by the thickness of the object. The covering-plate must in this case be always smaller in diameter than the space between the outer margins of the cell. First, some preservative solution is placed in the cell, and then the object is laid in it; the upper edges of the cell are then touched with a little of the *gutta-percha luting.** The cell is then completely filled till the fluid even forms a convexity above its margins; if now the cover is applied, the superfluous moisture escapes, and no air remains in the cell. Finally, when the edges are dry, they must be covered with a thick layer of the luting, and with a second a few days afterwards.

The method last described is especially applicable to the preservation of injected specimens in a solution of arsenious acid.—Vol. ii. p. 350–355.

Preparation of Caoutchouc Cells.—In commerce we now obtain caoutchouc plates of different thicknesses. The thinnest measure about one millimetre (one twenty fifth of an inch), and out of these, plates of any required thickness may be formed, as their services adhere perfectly together, especially if previously slightly heated. In a square piece of suitable thickness an opening may be made by means of a scissors, or the center may be cut out of a disc-shaped piece by means of a hammer and ring-shaped punch. To fasten the caoutchouc ring to the object slide we use the following luting:—

One part of finely cut gutta-percha is mixed with fifteen parts of oil of turpentine, and dissolved in it by gently heating, and constantly stirring, the mixture. The solution is then poured through a cloth, to separate some impurities which are always to be met with in raw gutta-percha. To the purified solution there is added one part of shell lac, which, by the aid of gentle heat and constant stirring, must be dissolved in it. The heat is then kept up until a drop of the solution let fall upon a cold surface becomes nearly hard. The cement is then ready for use. It is afterwards found requisite to melt it again, a little oil of turpentine should be added before applying the heat.

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*The reader will find the receipt for this composition, and directions for making cells of gutta-percha and caoutchouc, at the end of the present article.—[Trans.]

To attach the caoutchouc ring to the glass, proceed as follows:—Lay the ring upon the table, and above it place the glass object-slide, so that the ring occupies the center of the slide, and a free margin of glass is left around it. A pencil is now to be dipped in the warm luting, and carried over the portion of the glass through which the ring is seen, care being taken to spread the luting in a thin layer, as the superfluous fluid would otherwise flow out from the edges. The ring is now removed from beneath the slide, and laid upon the spot marked out for it with the cement. The plate is next warmed by holding it over fire, and then laid, ring downwards, on a cold piece of mirror glass till the cement has become cool and hard.

Gutta-Percha Cells.—Gutta-percha, which, like caoutchouc, resists the action of almost all chemical agents, has, besides, the property of becoming soft and plastic in warm water, and can thus be fashioned into any required shape, which it retains on cooling and resuming its former consistence. Gutta-percha sheeting may be procured in commerce, like caoutchouc sheeting, of any thickness, and will be found very useful for microscopical purposes. Plates of this substance may be provided of various thicknesses, according to the required depth of the cells,—for example, from one-tenth of a millimetre to three millimetres (1-250th to 1-8th of an inch) in thickness. These plates must then be cut into square pieces, a little narrower than the glass slides on which they are to be fastened. The openings may be cut out with a scissors, or struck out with a punch and hammer, the plate being laid upon a piece of cork. To fasten gutta-percha rings to the glass plates the cement recommended for caoutchouc is employed, and the process conducted in the same way, with this difference, that, after the last heating, which makes the gutta-percha soft again, pressure should be made upon it for a few seconds with a cold piece of mirror glass. The upper surface of the cell is thus rendered quite flat and smooth, so that the glass cover, when applied, is everywhere in contact with it. In this respect the gutta-percha cells are preferable to those of caoutchouc, the upper surface of which, especially about the edges, has always some degree of convexity.—Vol. ii., pp. 125-127.

2.—*On the Prophylactic Value of Belladonna in Scarlatina.* By Benjamin Bell, Esq., F.R.C.S.

The author, in the course of a narrative of an epidemic of scarlatina, which appeared in Edinburgh in 1831, mentions the internal use of belladonna. He says that, "conceiving that no means for arresting the disease should be omitted, and that a favorable opportunity offered for testing the alleged prophylactic virtues of belladonna, he determined to give it a fair trial; accordingly, after the occurrence of the second case in the hospital to which he is attached, in which a number of boys are educated, he give to each the fifth of a grain night and morning. This caused dilated pupil, and the dose was, therefore, diminished, and given uninterruptedly for a month, during which time no case had occurred. There was therefore a sufficient time for it to manifest its prophylactic power, if any were possesed, but the subsequent occurrence of several cases served to render this property doubtful.—*Edinburgh Monthly Journal.*

3.—*Enormous Accumulation of Fluid in an Ovarian Cyst.* By H. Cooper, Esq., M. D., Lond., Hull.

The following case occurred in the practice of my friend, Mr. Denton, of Hornsea, near this place, and was seen by me occasionally in consultation. At his request I send you the following notes, which may prove of interest, as showing the enormous accumulation which may take place gradually in the proximity of important organs, without producing any injurious effects, except those of mechanical pressure; and the facility and safety with which these large amounts may be withdrawn by tapping, with proper precautions.

Ann Russell, age 54, unmarried, of spare habit, very active and energetic, ten years ago, while papering a room, overstretched herself, and was immediately conscious of some internal injury. Shortly afterwards she felt a fulness on the right side, which, without any interference with her general health, and with only mechanical inconvenience, has gone on increasing up to the present date, Nov. 28, 1851. Her condition is now as follows:— The abdominal distension is extreme; the girth round the umbilicus is four feet eleven inches, and the enlargement being nearly globular gives the same measurement in every direction; the skin is tense and bright, and being

stretched to the utmost, the slightest touch on one side of the abdomen is transmitted to the other with singular distinctness; veins the size of the little finger traverse the abdominal tumor, and there is great evertion of the cartilage of the ribs; excessive œdema in the lower extremities, the skin of which has given way; breathlessness on exertion, orthopnœa and almist total suppresssion of urine, without albuminuria, are also present. She has frequent attacks of syncope, with sense of approaching suffocation.

Mr. Denton took this afternoon, with a large-sized trocar, *eighty-three imperial pints* of a dark turbid fluid at one tapping. Faintness frequently obliged us to arrest the flow, and to give stimulants; and great attention was required to the bandages, particularly an extra one compressing the hypochondrium, from which she experienced the greatest relief. The fluid was not of high specific gravity, and not at all gluey, though of a dark chocolate color, as if colored by decomposed blood.

After the operation the abdominal parietes subsided in huge folds, giving to the hand the impression of a cyst very much thickened, but not painful when grasped.

Referring to the records of similar cases within my reach, I find only one in which an equal quantity of fluid was taken at one operation; and from the date of the communication I presume the old measurement, and not the imperial, would be employed. In the few other cases reported of anything approaching this quantity being removed, it has been done at several tappings, and will, therefore, have accumulated in the intervals.

I learn that the patient has done well up to the date of this letter; and that there is no very distinct evidence, as yet, of reaccumulation of fluid.—*Prov. Med. and Surg. Jour.*

4.—*Placenta Prævia.* By Mr. A. B. Andrews.

Mr. A. B. Andrews presented a placenta, with the membranes entire, and containing a fœtus between the fifth and sixth month of development. The placenta was dark, and injected with blood throughout the greater part of its extent, and numerous coagula were entangled in, and adherent to its surface. A defined line separated this portion from the remainder, and indicated the extent to which it had been placed over the os uteri. The patient was 41 years old, and had

borne seven children. At the third period, when menstruation would have occurred had she not been pregnant, hemorrhage had taken place, and continued for a week, and then ceased until the fourth period, when it recurred, and continued more or less until she miscarried, which was about a week after the fifth period. The hemorrhage was at this time very considerable, but ceased after the expulsion, in one mass, of placenta and membranes, with the fœtus. She had a good recovery.—*Ibid.*

5.—*Extensive Laceration of the Liver, which the patient survived seven weeks.*

J. W., aged 23, admitted into St. Thomas' Hospital in a state of extreme collapse, having been squeezed between a cart-wheel and a post. He remained without any re-action for nearly forty-eight hours, and then slowly revived, having taken a large quantity of brandy. Symptoms of peritonitis supervened, and were somewhat relieved by calomel, &c. The abdomen remained swollen, with distinct fluctuation on the right side. Oppression at the chest, with difficulty of breathing, gradually increased, till his death, which took place seven weeks and two days after the accident.

Post-mortem examination.—Right side of the chest more prominent than the left. Abdomen uniformly tense. On opening the chest the right pleural cavity appeared to be filled with turbid serum, tinged with blood, in which was a large quantity of imperfectly coagulated blood, about a quart, coated with fibrin or lymph, tinged with bile. The right lung had evidently suffered extreme compression. This fluid also communicated with fluid in the abdominal cavity, through what at first appeared to be a laceration in the diaphragm; further dissection, however, showed that the fluid in the chest was not in the pleural cavity, but that the diaphragm had been pushed upwards into the chest as high as the upper edge of the third rib anteriorly and laterally, and internally to the interval between the second and third dorsal vertebræ; below the points indicated it was adherent to the thoracic parietes. The right lung was compressed into the apex and posterior part of the thoracic cavity, the anterior margin of its base not extending lower than the interval between the second and third costal cartilages. The substance of the lung was healthy. Continuous with this thoracic extension of the

abdominal cavity was a large and imperfectly-circumscribed cavity, occupying nearly the right half of the abdomen, bounded below and towards the mesial line by the great omentum, passing obliquely downwards across the right iliac fossa; in this situation the boundary was imperfect, so that the large cavity above described as occupying the right thoracic and right half of the abdominal regions, communicated with the smaller cavity occupying the pelvis, and extending into the left iliac region, and also filled with serum, turbid with pus, the pus being most abundant in the iliac region. These cavities were circumscribed by peritoneal adhesions. There had been slight general peritonitis, a small quantity of lymph being diffused over the surface of the intestines, but the adhesions were principally in the neighborhood of the cavities above described. The liver was lacerated extensively, the injury extending nearly through the center of the right lobe, the outer portion of which, nearly detached, was displaced upwards, lying over the heads of the sixth, seventh, and eighth ribs; this portion was of a very light yellow color on the surface, and extremely pale in its interior. The laceration ran parallel for a considerable distance with one of the largest branches of the right hepatic vein, but no branch of the first or second order appeared to have been opened, though the laceration extended almost to the vena cava. The liver was tilted towards the right side, and one margin of the laceration being drawn towards the ribs, contributed to the deceptive appearance of a laceration through the diaphragm. All the other organs were healthy, with the exception of a very slight laceration of the right kidney.—*Ibid.*

6.—*Bleeding and Colchicum in Acute Rheumatism.* By Dr. Aldis.

Dr. Aldis relates a case of acute rheumatism in a female, aged 53, which he treated by bleeding to eight ounces, calomel and opium at night, and colchicum and sulphate of magnesia. The recovery was rapid. As medical opinion is somewhat divided on the best treatment for this disease, we subjoin the author's comments. He observes that he learnt the way of treating rheumatism from Dr. Chambers, and has himself had twenty-four years experience of it. He has also tried other modes of treatment, but prefers this. It has been objected that bleeding debilitates the patient very much, and

that calomel salivates. To this he replies that it is not necessary to push bleeding so far as to occasion the first; and with regard to the second, he never salivates the patient, unless pericarditis is present. It has been asserted that venesection produces pericarditis; of this the author never saw a single instance; but he has seen numerous cases of chronic pericarditis, in which venesection had never been used. It is, however, quite true that, in spite of active antiphlogistic treatment, pericarditis may supervene; nevertheless he believes it is much oftener cured or relieved when met by antiphlogistic treatment. From the frequent coincidence of pericarditis with acute rheumatism, the vitiated state of the secretions, and the painful nature of the disease, the author strongly recommends the above mode of treatment, being, as he believes, a judicious combination of powerful and valuable remedies, calculated to fulfil the indications required for treating the complaint. He only remembers two cases where the venesection caused even temporary distress, the patients had been addicted to drinking, and slight delirium tremens was induced.—*Lancet.*

7.—*Statistics of Lunatics.*

From the annual report of the Commissioners in Lunacy, just printed, it appears, on the 1st of January, 1851, there were 16,456 insane persons confined in asylums, hospitals, and licensed houses in England and Wales, of whom, 7,843 were male, and 8,613 female. The total number of pauper lunatics in asylums, registered hospitals, and licensed houses on the 1st of January last was 12,059—5,592 male and 6,567 female.—*Prov. Med. & Surg. Jour.*

8.—*Quarantine Laws.*

Translation of a report by MM. Magendie, Louis, and Londe (Reporter) to the French National Academy of Medicine, on a work by James Gillkrest, Esq., M. D., &c., Inspector-General of Army Hospitals, entitled, "*Is Yellow Fever Contagious or Not?*"

"You have charged MM. Magendie, Louis, and myself to render an account of a work by Dr. James Gillkrest, Inspec-

tor-General of Army Hospitals, in the service of Great Britain; which is entitled, "*Is Yellow Fever Contagious or Not?*"

The history of Yellow Fever is treated by M. Gillkrest with an erudition which it would be difficult to find equally complete elsewhere. After mentioning observers and monographers, describers of Yellow Fever, beginning with Hippocrates, who speaks of a fever characterized by yellowness of skin, and black vomit, M. Gillkrest arrives at these conclusions.

1st. That the Yellow Fever of America, and that observed in the south-west of Europe, especially in Spain, are identical; an identity acknowledged by all authors, with the exception, perhaps, of our colleague, M. Rochoux.

2d. That this disease existed in the Antilles before 1793, and in the Spanish Peninsula, before 1764.

M. Gillkrest next relates a great number of facts, establishing:—

1st. That Yellow Fever, or at least its pathognomonic symptoms, have shown themselves at very remote points of the globe, and that they appear to be then developed uniformly under accidental or local conditions, so strongly marked as to exclude all idea of importation, in the true meaning of that word.

2d. That sporadic cases of Yellow Fever present themselves, in ordinary years, in the localities where this disease has prevailed in an epidemic form. M. Gillkrest considers that this second inference is established by a certificate by the Medical Officers, who, on the 13th of April, 1829, at Gibraltar, declared—after having read with the greatest care thirty-nine cases extracted from the records of the Civil Hospital—that the symptoms detailed in these cases were perfectly identical with those observed in the epidemic which prevailed in that garrison in the latter part of the year 1828.

Having established these fundamental points, M. Gillkrest arrives at the grand question—contagion.

The author establishes, by numerous well-selected and incontrovertible proofs, that Yellow Fever is not contagious under any circumstances, not even in the case of crowding, in this disease, whether of the dead or of the living; that the removal of the individual from the influence of the local causes which produce this affection is the fittest means of preventing its extension; and, lastly, that the cordons called sanitary, and quarantine measures, far from arresting Yellow Fe-

ver, on the contrary, favor its extension by confining the population within the influences of the local causes which give it birth.

Such, gentlemen, is the work on which we have to report. Mr. Gillkrest, in crowning services which do him honor, and which on more than one occasion have been extended to our fellow-countrymen brings to bear upon the question of contagion in Yellow Fever (a question so intimately connected with the most important interests of mankind,) the fruits of a long experience, as was done formerly by our intrepid and ever to be regretted Chervin.

This communication of M. Gillkrest, which has already received the full approval of the General Board of Health in London, has reached us most opportunely at the moment when a Congress is assembled to suggest, no doubt, important modifications in our sanitary laws; consequently, gentlemen, your committee has the honor to propose:—

1st. To thank the Honorable M. Gillkrest for his interesting communication.

2d. To transmit his work to M. the Minister of Commerce in order that, in conjunction with the numerous documents on this subject, already in possession of the Administration, this work may aid in placing beyond a doubt the inutility of quarantine, as applied to arrivals from countries where Yellow Fever prevails.

These resolutions were put to the vote and adopted.—*Bulletin of the National Academy of Medicine.*

PART IV.

AMERICAN SUMMARY.

1.—*On Cortex Pruni Virginianæ.* By Joseph S. Perot, of Philadelphia.

(Being an Inaugural Essay presented to the Philadelphia College of Pharmacy).

The tree producing this bark, called by De Candolle, Cerasus serotina, by Michaux, Cerasus Virginiana, is to be found throughout almost all parts of the United States. It is particularly abundant and fully developed in Ohio, Kentucky and Tennessee; and also abounds in Pennsylvania and New Jersey. In some instances it rivals in beauty and magnificence the finest productions of the American forest; but, as usually met with, seldom exceeds thirty or forty feet in height, with a trunk from ten to twelve inches in diameter. The general surface of the bark at the first glance appears to be smooth, but on closer inspection is found to be rough and blackish, detaching itself in semicircular plates, which adhere for a time to the tree, previous to dropping off; these are several inches long, from half an inch to two inches in diameter, and become somewhat curved laterally from drying. The foliage, though handsome, is thin compared with that of some of our other trees; the leaves are from two to four inches in length, supported alternately on petioles, serrate, pointed, and of a green color; the flowers are white and appear in spikes. The inner bark is the part employed in medicine.

Among the indigenous plants of the American continent, there are few whose qualities are more valued or which are more extensively resorted to, both in the regular medical, and also in domestic practice, than the Prunus Virginiana; the following extract from the Dispensatory of Messrs. Wood and Bache will show the reputation in which it is held as a remedial agent.

"This bark is among the most valuable of our idigenous remedies. Uniting with a tonic power the property of calming

irritation and diminishing nervous excitability, it is admirably adapted to the treatment of diseases in which a debilitated condition of the stomach, or of the system, is united with general or local irritation. When largely taken, it is said to diminish the action of the heart, an effect ascribable to the hydrocyanic acid which it affords. The remedy is highly useful in the hectic fever of scrofula and consumption, in the treatment of which it has long been a favorite with many American practitioners." It is very useful as an ingredient of compounds for the remedy of pulmonary complaints, and has also been resorted to in cases of dyspepsia and in the general debility which often succeeds inflammatory diseases.

This bark being undoubtedly an important article to the physician, I undertook a few experiments with a view towards ascertaining at what season its properties (which depend principally for their efficacy on the amount of prussic acid which it will yield) exist in greatest perfection, and consequently when the bark is best adapted for collection. For this purpose I procured at intervals during the season in which it is brought to market for sale, portions of the inner bark from the same tree (or from trees of apparently the same age), and from portions of the largest branches of about the same age, which, being carefully dried and deprived of the epidermis, were bruised, macerated for a short time with water, and distilled in a close vessel; the product was treated with weak solution of nitrate of silver, which, reacting with the prussic acid in the solution, formed a precipitate of cyanide of silver; this being carefully washed, dried and weighed, the quantity of hyodrocyanic acid in each portion of bark was estimated by the ratio of chemical equivalents. The distillate was also treated with a strong alkaline solution, and afterwards with a weak solution of nitrate of silver in the manner proposed by M. Liebig (See American Journal of Pharmacy, vol. xxiii. page 253), but the results coinciding very closely with those obtained by the former process, it was deemed unnecessary to enumerate them.

The results obtained from these experiments, with the dates at which the bark was collected, may be seen by the following statement.

1000	grains of	bark	collected	April 1st, 1851,	yielded	.478	grs.	Pruss. acid
1000	"	"	"	May 20th	"	.856	"	"
1000	"	"	"	June 18th	"	1.007	"	"
1000	"	"	"	August 28th	"	1.134	"	"
1000	"	"	"	October 16th	"	1.436	"	"

The bark used in the preceding experiments was taken from a flourishing tree in Philadelphia county.

One thousand grains of bark collected May 23d, from the trunk of a tree in Jersey, yielded .876 grains of prussic acid.

One thousand grains collected June 13th, from the trunk of the same tree, yielded 1.159 grains.

In order to ascertain how the bark which has been kept on hand for a length of time compares with that freshly collected, I made an experiment about the middle of October upon some bark which had been collected during the previous spring, and found one thousand grains to yield .567 grains of prussic acid.

It being the opinion of several eminent members of the medical profession, that this bark contained also phloridzin, a principle known to exist in the bark of the apple and of some other fruit trees, to the possession of which they supposed its tonic property might be owing, I made a number of experiments in the manner directed for the preparation of phloridzin, both upon old specimens of bark, upon fresh bark of the branches and trunk of the tree, and upon fresh bark taken from the root under ground, at several successive times, but in all instances failed completely to detect any indications whatever of the principle sought.—*American Jour. of Pharmacy.*

2.—*Sulphuric Acid in Cholera Morbus and Diarrhœa.* By Dr. James Rogers.

Some time since I was somewhat though pleasantly surprised, at the reported success, in communications to the London Lancet, attending the use of sulphuric acid in cholera and diarrhœa; and I determined to test its applicability to such diseases at the earliest opportunity.

Since then I have several times had occasion to treat these affections, and as yet have no reason to regret having reposed confidence in the truthfulness of the contributors to the Lancet.

Two of the cases occurring in my practice, will, I think establish the fact, that the remedy is as efficient here as in England.

I was called at an early hour, on the morning of the 10th of December, to Mr. D. who I was informed had been attacked during the previous night with diarrhœa. I found him suffering with severe griping pain in the stomach and bowels,

and forced to stool about every twenty minutes, vomiting at each evacuation of the bowels. I could not learn the character of the discharges which had been passed during the night, as they had not been observed; they were now, however, considerably mixed with blood and mucus. I had with me a mixture composed of dilute sulphuric acid, co. tinct. cardamon, of each, two drachms, and water 5½ ounces. Of these I immediately gave two table spoonsful or about one ounce, and directed it to be repeated in table spoonsful doses after every operation. I remained some thirty minutes after I had administered the first dose, and during that time no discharge from the bowels or stomach occurred, and the sickness and abdominal pain were very much relieved. At my evening visit, at a late hour, I learned that my patient had been to stool twice, and that the discharges were somewhat consistent, and more natural in color, and destitute of any appearance of blood or mucus, and had been passed without pain, nausea or vomiting. I called to see him the next morning, but was informed by his family, that feeling himself entirely relieved, he had gone to his work as usual. The quantity of the mixture taken in all was about two and a half ounces. No other medicine whatever, was used. He has had no symptoms of the disease since.

On the 12th of December, I was summoned to see Mr. R. who is remarkably subject to attacks of diarrhœa, on being exposed to cold damp weather. During the winter months, he rarely escapes after getting his feet wet. The attacks are usually attended with much abdominal pain and tenderness, and leave considerable debility of the stomach and bowels. I had been in the habit of treating him with calomel and opium, opiated injections, and lye poultices to the abdomen, but on this occasion I relied on the sul. acid mixture. I found him at this visit, as usual when attacked, with abdominal pain and tenderness, and each operation attended with cramp of the stomach and bowels; and when not at stool, suffering with nausea and inclination to vomit.

I immediately gave two table spoonsful of the mixture, which promptly allayed the nausea, and relieved the pain and griping. I directed the repetition of the mixture in doses of a table spoonful after each operation; but it was unnecessary to repeat but once after which he was perfectly well. The debility of stomach and bowels which had uniformly succeeded previous attacks, was not observed at all; and the patient is confident that he was never before so easily and so perfectly relieved.—*Tenn. Rec. of Med. and Surg.*

3.—*Pressure on the Abdominal Aorta in Uterine Hemorrhage.* By R. L. Howard, M. D.

Some time in the month of March last, Mrs. L., aged about thirty years, of spare habit, delicate constitution, nervous temperament, and eight months advanced in pregnancy, with her second child, was attacked violently with pneumonia of the right lung. Although far from being plethoric, the pain, oppression, and difficulty of breathing, were so severe, that I drew a pint of blood from the arm in a full stream. This, with antimonials, Dover's powder, rubefacients, demulcents, &c. &c., succeeded in subduing the violence of the disease in the course of four or five days. In two weeks she had entirely recovered from the attack.

About a week since, after partaking freely of fresh fish for her breakfast, which she relished extremely well, she was attacked with intense pain in the stomach, nausea, and violent and frequent vomiting. When I was summoned to her bedside, I found her sufferings intolerable. She began to have some periodical pains in her back, announcing the approach of labor. By the free use of soda, ginger, camphor, ether and morphine, with rubefacients over the epigastrium, I soon succeeded in producing quietness of the stomach and perfect convalescence.

On the night of the 7th inst., she was taken in labor. At eight o'clock the following morning, I found it progressing naturally, with a vertex presentation—os uteri dilating. At 11 o'clock she was safely delivered of a fine daughter. The uterus speedily contracted, accompanied with considerable pain. In about twenty minutes I found the placenta in the vagina. On removing it, a gush of blood occurred which startled me. In a few moments, she remarked that she could not see, and the next, said she was *very faint*, and began to gasp for breath. In an instant my hand was upon the hypogastrium, where I found the uterus under the influence of pressure and friction, occasionally making efforts at contraction; but relaxation of its walls prevailed, and I could *hear* the blood flow from the vagina. The woman was evidently *dying* from uterine hemorrhage, and what was to be done? Should I apply pressure, friction and cold to the hypogastrium? I had done this without any substantial effect. Should I give ergot, opium, sugar of lead? There was no time certainly for these to act. Should I, according to the teachings of

and honored preceptor and late colleague, Prof. Childs, apply each *tampon*, for the purpose of kindling up a "harmony of function," by "establishing the necessary relations between the uterus and its contents." The loss of half a pint more of the vital fluid would insure death to my patient, already in *articulo mortis*. The womb, now completely relaxed, would "cry enough." This measure was out of the question. At this critical moment, the thought of pressure upon the abdominal aorta, first suggested by a writer in one of the cotemporaries of this Journal, whose name I have not time to ascertain, entered my mind. The pressure was applied with my fingers almost as soon as thought of, and I could succeed with perfect ease in completely arresting the flow of blood through this large vessel to the lower half of the body. The pulsation in this artery was a mere wave, which was barely perceptible. In an instant after the pressure was applied, flooding ceased; and in three minutes I could see a decided change in the appearance of my patient. The cadaveric countenance began to disappear, and the color appeared, though slightly, in her lips. Though delirious and half convulsed, from want of blood in the brain, in ten minutes her consciousness returned, and in half an hour, reaction, yet feeble, was established. The uterus now contracted upon its contents, and good sound "after pains," in the course of an hour, insured the safety of my patient.

In my own mind, I have no doubt that pressure upon the aorta was instrumental in rescuing Mrs. L. from the grave. It seems to me, nothing else could have saved her; as there was no power in the uterus of itself to contract, and thus to close the open mouths of its bleeding vessels. *She would have as certainly bled to death as if there had been an opening through the walls of the heart!*

Unless the patient possess a large amount of *embonpoint*, pressure upon the abdominal aorta, after delivery, so as to obstruct the circulation through it, is perfectly practicable. The two recti muscles are, by the internal pressure of gravid uterus, widely separated and elongated—the fibrous tissues of which the linea alba are composed, are relaxed and attenuated from the same cause, so that the fingers can be passed down between the recti muscles very readily, until they reach the aorta, lying upon the lumbar portion of the spine. Every circumstance seems to favor the application of this remedial agent. Another thought should not be omitted. While pres-

sure is thus made, in cases of extreme danger, from gr small, of blood, of course, for the time being, no more blood i max- to the lower half of the body. Nevertheless, the venous c on culations continues to *bring back* from the lower extremities, a quantity of blood to the heart and the other vital organs, which contribute not a little to their resuscitation. Indeed I cannot see how a woman need die from uterine hemorrhage, under such circumstances, where pressure upon the abdominal aorta is properly and opportunely made.—*Ohio Medical and Surgical Journal.*

4.—*Removal of a Pessary, after forty-one years residence in the Pelvis.* By F. T. Hurxthal, M. D. of Massilon, O.

Mrs. Lederman, German, aged seventy-three, was attacked December 17th, 1851, with a violent cough, pain in the right side, with high febrile action. Auscultation revealed pneumonitis of mild character. These symptoms promptly yielded in a few days, and convalescence established. On the second day of the attack, whilst coughing violently she felt some pain, in the pelvic region, which partially gave way to topical applications. After she commenced to move about her room, the pelvic pain returned, and gradually augmented until the suffering compelled her to return to her bed, and I was again summoned to see her; from the history she gave me I was apprehensive of finding a hernial protrusion of the right ovary into the vagina. An exceedingly fœtid discharge had appeared the day before, and at this time the irritation communicated to the neck of the bladder was so great as to produce incontinence of urine, which added much to her misery, excoriating the external genitals and rendering life a burden. Consent to a vaginal examination being readily granted, I introduced the index finger into the vagina; its progress was interrupted by the presence of a rough, circular body, which appeared to rest upon the perinæum, and arise up behind the symphisis pubis. Finding I could make no impression upon it with the finger, without inflicting great agony upon the patient, I desisted, and represented to her that there was a foreign body there, of some kind, which would have to be removed before she could by any possibility recover. Upon interrogating her as to whether she had ever introduced any substance into this canal, she gave me the fol-

and fo[illegible] account: In 1811, after a confinement, she had prolap-
eac[illegible]uteri, and upon consulting a midwife, (in Germany), she
te[illegible]troduced a ring, which she said was made of wood, covered over with beeswax—(cera flava). She stated that she had never extracted it since it was first placed there, nor has she ever felt the least inconvenience from its presence until now.

I plainly stated to her that recovery from her truly distressing condition would be impossible without the removal of this substance. To the operation for its removal, she readily consented, and on the following day I took Dr. Wm. Bowen with me, and after a tedious and unpleasant operation, succeeded in removing a pessary of 3⅜ inches in its long diameter, and 2⅞ inches in its transverse diameter.

The pessary was a circular ring of dense wood, over which originally a layer of 1-16 inch of beeswax had been placed, making the thickness of the ring nearly ¾ of an inch. It now presented the appearance of a roughened stone, in some parts over an inch thick—the deposit having much the appearance of stone in which the phosphate of lime predominates. The difficulty in the operation consisted in the contracted state of the os externum, not being over 1¼ inch in diameter, and defying all effort at dilation. The perinæum was dense and unyielding, and reminded me strongly of the ligamentum nucha. After a vain effort with a blunt hook, introduced into the eye of the pessary, we determined to cut it into pieces, which was accomplished with a pair of scissors about three inches long in the blades, and the whole removed in four parts.

We directed the vagina to be well washed out with soap and luke-warm water for a few days. The recovery was speedy and complete.—*Ibid.*

5.—*Syncope from entrance of air into the Facial Vein.* By Moses Gunn, M. D., Professor of Anatomy and Surgery in the University of Michigan.

The substance of the following case was transmitted immediately after its occurrence, to the chairman of the committee on surgery of the national Association; but no notice having been taken of it by that committee, and deeming it not entirely devoid either of interest or novelty, I now seek to lay it before the profession through another channel.

The patient appeared at the college clinic with a small, hard, oblong, tumor, lying under the base of the inferior maxilla, involving the facial vessels so as to require their division in its extirpation. Previous to commencing the operation, in accordance with my usual custom before making incisions in this region, I sought, by compression with my hand upon the lower portion of the neck, to ascertain the course of the external jugular vein, but was not able to detect the vessel. An incision was made parallel to the base of the jaw, and the tumor separated from its bed, except at a point near its posterior extremity where it involved the facial vessels. These were divided, the tumor detached, and its place occupied by a sponge, removing which, in order to secure the facial artery, I instantly noticed a movement in the open mouth of the facial vein, heard a bubbling sound, and my patient sank back in a state of syncope, from which he recovered with some difficulty by the ordinary means. The wound was immediately stopped on noticing the movement in the open mouth of the vein, and by means of a firm compress, hemorrhage and further entrance of air was sought to be prevented, and the wound allowed to heal by granulation.

This case is interesting from the fact that the accident arose from the entrance of air into a vein as small as the facial, and had it not been reinforced by some other, it would seem impossible for its division to be attended with such results. But it will be borne in mind, that the external jugular did not pass down the neck in its usual superficial course, but probably united with the facial, and emptied by a short thick trunk common to both into the internal jugular. The facial I undoubtedly divided at the point of junction. I have once met with just such a distribution of the veins upon the dead body. —*New York Journal of Medicine.*

6.—*Tampa, (Fa.) as a winter resort for Invalids.* By C. C. Billingslea, M. D., of Selma, Ala.

(Extract from a letter to Prof. Riddle.)

Dear Sir.—I have this day put on board the schooner Madonna, bound for New Orleans, to start in the morning, a box of small size, to your address, care of Benson & Hogues, New Orleans. The box will be in the care of Mr. A. Campbell, of this place, while going over. He is a passenger.

The box contains a few shells, some sand, a sea-cow fish,

a toad-fish, and some other things, all marked except the Cassava (pronounced here Cassawar). This to my mind, is worth all the rest. It is a substitute for the arrow root and sweet potatoe; said to be fine for hogs, and makes a better pudding than the sweet potatoe. I do not know whether the root will vegetate; they most commonly plant the stalk, like sugar cane, and it puts out plants at every eye. I hope some of the pieces I send will vegetate, and you can propagate it to any extent hereafter. The stalk was killed here by the frost this winter, which is very unusual. In Louisiana, I suppose, the stalk will have to be secured from frost. In consequence of the freeze here, the article is quite scarce, as but few persons took the care to house any of the stalk. The citizens here most commonly dig it, as they do their sweet potatoes—only as they want them to eat, and most commonly they are growing all winter.

I am happy to inform you that myself and lady and daughter, and Dr. John, my son-in-law, are much improved. The climate is very mild, dry and healthful. I think it is the pleasantest and healthiest winter residence I have ever seen. There is scarcely any disease here through the winter. I regret your brother-in-law did not come with us. You may tell your medical friends to send phthisical patients to Tampa, with a certainty of their being benefitted, and if in the early stage, cured. I have seen a great number of sound and healthy looking people in this country, who were considered in a hopeless condition when they came here. All say they improve more here in summer than in winter. Their disease is checked in the winter after they reach here, and they then commence convalescing in summer.

The thermometer was as low as 24 ° on two nights during January, and is the coldest weather they ever had at Tampa. —*N. Orleans Med. and Surg. Jour.*

7.—*Prevention of Salivation.* By George Stearns.

I wish to communicate a fact to you that has recently fallen under my observation, which may be of some interest to the profession generally. All physicians are aware of the salivating effect of calomel, and of the inconvenience that arises from sore mouths and other irritating complaints that affect the patients. I have had several persons under my care to whom I have been obliged to administer calomel, which I have mixed with supercarbonate of soda, in the pro-

portion of about twice the amount by weight of soda. To one patient in particular, whom I have attended for about ten weeks, I have given three grains of calomel with six grains of soda daily for five weeks, besides administering it frequently during the rest of the time. As yet he has not suffered at all from the salivating effect of the calomel, which has nevertheless been very beneficial to him. Is it possible that these were all persons not susceptible to salivation? Or is the absence of salivation to be attributed to the supercarbonate of soda?—*Boston Med. & Surg. Jour.*

8.—*Empire Spring at Saratoga.* By L. E. Whiting.

I wish to call the attention of the profession (through your valuable Journal) to the *New Empire Spring.* It has not been much used as a *remedial agent* until within the last five years, but is now rapidly coming into use. We have long felt the need of a water at Saratoga Springs which would be powerfully alterative, without the (iron) tonic ingredients.

Many of the invalids visiting our springs, have difficulties more or less involving the lungs, and they have found the free use of Congress water (which, by the way, is an invaluable medicine for many diseases) to produce a tightness of the chest, dry cough, and general febrile excitement, much to their annoyance. Lung diseases having greatly increased within a few years, we have felt an increasing embarrassment in prescribing our *iron* waters to patients laboring under such difficulties, and our attention was anxiously called to the *analysis* of the New Empire Spring.

The almost entire absence of our enemy (iron), and the harmonious combination of its ingredients, constrained us to think it no *mean water*, and as an almost providential discovery in our emergency—and so it has proved. After testing it for several years, we find our most sanguine hopes more than realized.

I am now using it with the greatest freedom in pulmonary diseases, and with the most satisfactory results. Instead of febrile action and a hot skin, I find in most cases a mild sudorific effect very soothing to my patients. In severe cases of dyspepsia, when the usual salutary effects of the other springs have failed, or have been too irritating, I have prescribed this with marked success.

Persons afflicted with scrofulous diseases are also using this water with the most signal improvement.—*Ibid.*

PART V.

EDITORIAL DEPARTMENT.

SCIENTIFIC MEDICINE.

We are almost daily excessively annoyed by hearing the term Allopathy applied by physicians to what is termed sometimes the regular practice, and which should with more propriety be denominated Scientific Medicine. It ought to be known that this term is an invention of the enemy, for the purpose of placing scientific medicine in the position of a sect or section of medicine. By doing this, relative importance is given to what are claimed to be distinct systems in opposition to it. Now it is well known that the term Allopathy is not expressive of any *acknowledged* medical creed or belief among scientific physicians. It is a designation placed in our mouths no more applicable to us than the term homœopathy. Scientific medicine knows no such narrow boundaries, it is broad and expanded, enough to embrace all medical truth within its ample fold. No resort need be had in the investigation of medical knowledge to any such appellations. They are clap-traps for the purpose of elevating quackery and degrading science. These pretended systems to which distinct names are given, are merely *excrescences* on the body medical, without any adherence to the opinions expressed in their titles. They should be treated as such, as malignant parasites, whose object is to imbibe vitality from the main trunk, while professions of a distinct existence are held out to the public. They are only of value to scientific medicine in their decay; when they may result in adding something to it by exhibiting perchance a few positive and negative facts in the field of experience which if valuable will be absorbed by the profession. The garden of medicine may

occasionally be enriched in this way by the decay of a noxious vegetation, which during life dared to raise its deformed specimens even among the choicest flowers, and claim a transient equality, by nominal rank as genera and species in the same kingdom of nature. We hope the term scientific medicine will be adopted instead of one intended and calculated to degrade us; it is expressive of our creed, and therefore, the most proper appellation, which is a sufficient reason for its use, to the exclusion of all others.

ADDRESS BEFORE THE INDIANA MEDICAL CONVENTION.

We have received an Address, delivered by Dr. Samuel Grimes before the Indiana Medical Convention, at New Albany, May 20th, 1852. The address is characterized throughout by sound principles, and many valuable suggestions, alike honorable to the author, and useful to the profession. The author adverts to the various pseudo-reforms with which the public have been agitated, and the great anxiety of many persons to take upon themselves the responsibilities of the medical profession. The author adds:

Allow me to make the application of these postulates to the agitations, proposed reforms, and attempted revolutions in the medical profession at the present time. It has been said by the Roman poet and critic (Horace), that a man must be born a poet. It would seem, just now, as if a vast multitude of both men and women in our country believe themselves to be born physicians—judging from the confident and oracular manner in which they hold forth on the most difficult questions of the nature and treatment of diseases, without their being blessed with any learning or experience, or having thought it necessary to give any time to study. They talk more glibly of fever than of their farms or workshops, or the dairy—and speak with much more confidence of their ability to rectify derangements of the living body than they would of repairing a watch, or even making a cheese. To listen to these persons, one would be persuaded that they alone understand the arcana of disease, and the true methods of treatment, and that we doctors of the regular profession are marplots and ignoramuses. They compassionate our weak reasoning powers, in our not being able, like them, to find an unerring guide, in a book, in which, in one paragraph, are detailed all the symptoms of a disease, and in another the infinitessimal doses, by subdivision and

dilutions for their cure, the remedies being found in a box which accompanies the book. Who, with only a moderate allowance of brains and little moral sensibility, can resist the offer of becoming a healer of bodies on such easy terms? Need we wonder that a person unfitted for anything else should become a dispenser of globules, and decillionate part of a grain in solution? A man too ignorant to be trusted with a foundered horse; or a woman afraid to prescribe for a pet lap-dog, will not hesitate to give advice as to the best course of treatment for a sick fellow being; and, what is still more curious, their advice will often be asked and followed.

Emboldened by the toleration of their absurdities by some, and the direct countenance by others, these Cossacks, after a while take a form of organization, and promulgate certain doctrines or creed, and tease the Legislature of a State to give them chartered privileges by which they found schools and confer degrees. Then we hear the complimentary observations and comparisons on the respective merits of what the sapient interlocutors call the new and the old school, or the new and the old method of treating diseases."

After inquiring how far the regular profession is deficient in qualifications, and making many judicious remarks, the author thus refers to Medical Schools:

"The dignity, learning, elevated standing, and successful teaching of the Faculties of our Medical Colleges cannot be matters of indifference to us. They are, in one sense, our representative, in another our auxiliaries; and whatever affects their reputation must re-act on the entire body of the profession. We cannot, therefore, be supposed to look with indifference on the organization of these colleges, nor be expected to give any countenance to those with the entire competency of whose Faculties we are not fully satisfied. A new Medical School cannot, like a new store, or a new manufactory, or a new line of stages, be patronized, merely because it is new, and to encourage trade and reduce prices, by competition. Nor can personal regards nor sectional pride furnish an apology for our sending our students, or otherwise giving our countenance to a school, formed in haste out of incongruous materials, and as in a spirit of mere business speculation. The medical profession, at large, must divide the responsibility with the Medical Schools for the attainment and fitness of the graduates sent out annually from these latter, as candidates for practice and public patronage. If we send to the Medical Colleges crude materials, it cannot be expected that they should be at once fashioned into shape and harmonious proportions. If we send to them ignorant minds, we have no right to suppose that these will be instructed and taught the principles of medical logic, and philosophy in the course of a few months.

I repeat, that we have a large share of responsibility for the manner in which Medical education is conducted. We send our students to be educated, we influence them in their selection of the school to which they go. We, therefore, mistake greatly our position, if we think that we can assume the office of judges and critics of Medical Schools, without our participating in their cares and difficulties, and giving our counsel for their protection and guidance, when they come up to what we believe to be a good standard of teaching. The best assistance we can give them, is to send them students properly prepared to avail themselves of the higher course of instruction which the professors are ready to go through with. The best counsel we can offer to the professors, is for them to abide by their own convictions of duty in keeping up an elevated standard of medical attainments for their students, and taking adequate time for imparting their knowledge to these latter. Not only are there more branches of medicine to be taught now, but each branch is much richer in details, than formerly; and hence it is clear that more time is required to teach them, than formerly was requisite.

PROFESSOR BAXLEY.

This gentleman having been recently transferred to the chair of Surgery, it may not be improper to advert to his qualifications for that position. It is well known that, as a lecturer on Anatomy, he exhibited the highest capacity as a teacher, and the most eminent attainments in the various relations of his department. But whatever may be his qualifications as a teacher of Anatomy, we feel assured that he is destined to take still higher rank as a surgeon. At the time of his appointment to the anatomical chair, it was in evidence before the authorities of the College, that his favorite branch was *surgery*, and that his greatest attainments were in that department. As an operator, he manifests great coolness, judgment and dexterity; and with a profound knowledge of anatomy, he possesses all of the qualities requisite for an able and efficient practical surgeon. His experience has been ample, and we are not permitted to doubt that he will render the most entire satisfaction to his class.

The following erudite letter was received by an editor in Iowa, (by whom it was sent to us,) from a young aspirant for practice.

As it is a fair specimen of the learning of the class to which it belongs we give it for the benefit of the "new practice."

M———g, Feb. 14th, 1852.

Mr. —— —— Dear Sers
I Wish through to enquire if it might Be thought Advissable for A Eclectic Phissition to Atempt to settle in your Plase if so Please to wright A few Lines to me on the Prospects on the CaSe you think it A good Location I will Come & See the Plase My friend Mr—— thinks it would thare is in Some Plases A Growing intersist in the new Practice your observation may b to the Point
yours &c With Respect
Dr. —— —— m D

RESIGNATIONS AND APPOINTMENTS.

Thomas D. Mitchell, M. D., Professor of the Theory and Practice of Medicine in the Philadelphia Medical College, has resigned his place.

Jesse P. Judkins, M. D., has resigned the chair of Anatomy, which he held in Starling Medical College, Columbus, Ohio.

John Davis, M. D., Demonstrator of Anatomy in the Medical College of Ohio, has resigned his position, the duties of which he had discharged for several years with so much ability and assiduity, as to secure the good will and friendship of his numerous pupils. His uniform urbanity and kindness of disposition have won the favorable regards of all with whom he associated.

Wm. H. Cobb, M. D., has been chosen the successor to Dr. Davis. Dr. Cobb possesses all the qualifications necessary for the discharge of the important and responsible duties of Demonstrator. His thorough education, long continued study of Practical Anatomy, and perfect familiarity with the details of the Dissecting room, render him amply qualified for his position. In connection with the anatomical department of the University of Louisville, Dr. Cobb has enjoyed great facilities for the acquirement of practical knowledge, and we feel assured that his attainments are quite equal to the duties of the department confided to his care.

Drs. F. G. Smith, I. M. Allen, and J. J. Reese have accepted the Professorships of *Institutes of Medicine*, *Anatomy*, and *Medical Chemistry* and *Pharmacy* in the Pennsylvania Medical Col-

lege. The two last named chairs have been lately vacated by death and resignation; the chair of Institutes is a new creation. These gentlemen have already established good reputations as teachers, by filling lectureships creditably in the Philadelphia Summer Schools, and they will undoubtedly be a valuable acquisition to that college to which they are now attached.

OMISSION.

By some mistake the name of the author of the article on "Neuralgia treated by Black Snake Root," which appeared in our last number, was omitted. It was from the pen of H. G. Carey, M. D., of Dayton.

TRANSACTIONS OF THE OHIO STATE MEDICAL SOCIETY.

The following abstract of a portion of the proceedings of the State Medical Society, was politely furnished us by Dr. Carey, one of the secretaries.

1. The society convened in Cleveland on the 1st inst. and held its sixth annual session in the Medical College of that city. The President, Dr. Boerstler, being absent, Professor Kirtland, first Vice President called the Association to order, and appointed Dr. Hills of Delaware, secretary, *pro tem.*

The society then went into the election of officers for the ensuing year, which resulted in selecting for,

President—Prof. H. A. Ackley, of Cleveland.

Vice Presidents—Drs. A. J. Bennett, of Portage Co., H. S. Conklin, of Shelby Co., Friend Cook, of Portage Co. ——— Stanton, of Salem, Columbiana Co.

Secretaries—Drs. R. G. McLane, of Jackson, and H. G. Carey, of Dayton.

Committee on Admissions—Drs. St. John, Kreider, Coons, Murphy, and J. B. Thompson.

Treasurer—Dr. W. W. Rickey.

Most of the day was consumed in ballotting for officers. In the afternoon, Dr. J. P. Buckner, chairman of the committee to whom was referred at the last session, a series of resolutions upon "preliminary education," made an able and elaborate report. The resolutions contemplated that a "Board of Examiners," consisting of five scientific gentlemen out of the profession, should

be appointed by the State Medical Society, "whose duty it should be to examine all applicants, who may wish to become students of medicine and surgery;" and grant certificates only to those, whom "they find possessed of a good moral character, sufficient energy of mind and an English education, embracing a knowledge of natural Philosophy, and the elementary mathematical sciences, including Algebra and Geometry." They also make it obligatory upon the members of the State Medical Society—and consequently upon the members of all of its auxiliary branches, as they are *de facto*, members of the parent society, not to receive into their offices as students, any who would not possess the above requisitions, or present a diploma from some literary institution.

In the report, Dr. Buckner delineated in strong terms, the state of the Medical profession at the present time, and was bold to assert, that there did "exist a great amount of quackery—aye, down right quackery, among many of those, who claimed to be the followers of a Mott, a Dunglison, a Chapman, a Pancoast—and in the west, a Drake, a Mussey, and a Dudley." He thought that a thorough English education was the lowest basis that would enable one to study the science of medicine with success; and urged with ability and great earnestness, the adoption of the resolutions and report, as the means best calculated to eradicate empiricism from the land, and elevate the standard of medical education.

The discussion of this subject was protracted through most of the second day of the session, and was characterized by much depth of thought and liberality of feeling. Some of those who participated in the debate, were opposed to adopting any part of the resolutions or report, on the grounds of *expediency*—others objected to certain features, which conveyed false impressions of the condition of the profession of medicine; while yet another class thought the *stand* would be premature and prejudiced to the interests of medical schools in Ohio. But a great majority of the members of the society, anxious that some expedient should be resorted too, by which a reform in medical education would be brought about, favored the adoption of the report and resolutions, without material change. The entire subject was re-committed to the committee, with instructions to fill the board of examiners with two persons, not members of the medical profession, out of each county in the state. The committee complied with the instruction, and again laid the resolutions and report before the society, which were then adopted almost unanimously.

Dr. Hills of Delaware, chairman of the obituary committee, paid high and just tributes to the memories of Drs. Edward Smith, of Dayton, and Norton of Marietta, deceased members of the society.

Prof. Tom. O. Edward's report upon the effects of sulphate of strychnia in Asiatic cholera, contained some new and highly valu-

able suggestions. His observations have been made upon a very extensive scale, and his conclusions arrived at, after much careful and patient deliberation.

On the morning of the third day, Dr. Kreider read the Presidents valedictory, it having been made the order of the day for 9 o'clock, A. M. It was replete with interest and abounded in sound principles.

Dr. Newberry presented to the society a very able and scientific paper, upon the subject of typhoid fever, in which he described the various phenomena of disease, with minuteness and perspicuity. He had evidently given the subject much attention. Considerable discussion followed, in which the members of the society generally participated.

The remainder of the day was occupied principally in offering and discussing resolutions. The profession from all parts of the state, was well represented—the attendance was large and the session interesting and profitable. The society adjourned to meet in the city of Dayton, on the first Tuesday of June, 1852.

NEW MEDICAL SOCIETY.

CAMBRIDGE CITY, *Wayne Co. Ia., May 3d.* 1852.

In conformity with previous arrangements, a number of the physicians of this vicinity convened, with a view to form a more efficient and valuable organization than they have hitherto enjoyed.

Dr. Nathan Johnson, was called to the chair, and V. Kersey appointed secretary.

The following constitution was adopted.

ART. 1. This society shall be known as the CAMBRIDGE CITY MEDICAL ASSOCIATION.

ART. 2. Its object shall be to promote the acquisition of medical knowledge, by encouraging observation, and comparing the experience of its members, in the several departments of the science.

ART. 3. The officers of the Association, shall be a President, Vice President, Secretary, Treasurer, and three Censors.

ART. 4. The president shall preside at the meetings, preserve order, promote the progress of business, appoint committees, give the casting vote, and deliver a written essay before the society, on some medical subject, at the close of his term of service.

ART. 5. The secretary shall keep a fair record of the proceedings of each meeting, and perform all other duties usually connected with his office.

ART. 6. The treasurer shall hold the funds of the Association, subject to its order, and shall annually exhibit in writing, the state of the treasury, including the receipts, dues, and expenditures of the year.

Art. 7. It shall be the duty of the censors to ascertain the eligibility and qualifications of all applicants for membership, and report thereon to the association.

Art. 8. A candidate to be eligible to membership, must be a graduate of a regular medical school, or a practicing physician, eligible to graduate in such school by attending one course of lectures. In which case, if recommended by the censors, and voted for by two thirds of the members present, he may become a member, by enrolling his name, and paying an initiation fee of five dollars.

Art. 9. The meetings of the association, shall all be held in Cambridge city, and shall consist of three stated meetings in each year, with adjournments from time to time, as the interests of the society may require.

Art. 10. The first stated meeting shall be held on the first Tuesday in April, for the purpose of embodying the reports of the cases of disease, treated by the members during the preceding year, and this subject shall be pursued without delay, until the said report is completed and adopted, a fair copy of which shall be preserved by the Association from year to year.

Art. 11. The second stated meeting shall be held on the first Monday in June, at which the treasurer shall make his report, and the officers of the society shall be elected.

Art. 12. The third stated meeting shall be held on the first Monday in November.

Art. 13. The President may call a meeting at any time, when, in his judgment the good of the association shall require it.

Art. 14. The president shall appoint a member at the stated meeting in June, to read a medical essay of his own composition, at the succeeding stated meeting.

Art. 15. It shall be the duty of each member of this association, to keep a faithful record of each case of disease which he treats; noting the age, sex, and condition of the patient, the cause, where obvious; the type, symptoms, treatment, duration, and termination of the disease; and where practicable, the po t mortem appearances. The material facts of which record he shall embody, in an intelligible form, and present it to the association, at the first stated meeting in each year. And the Society shall have access to the case books of the members, whenever called for.

Art. 16. Each member shall also keep a faithful record of his obstetrical practice; embracing all the facts that are calculated to afford light upon the numerous difficult problems connected with the function of reproduction. A copy of which he shall present to the association annually, at the first stated meeting.

Art. 17. The association shall, as early as practicable, adopt measures for keeping a meteorological register, noting the tempera-

ture and density of the atmosphere; fogs, dews, the dewpoint, rain, hail, snow, hoarfrost, clouds, winds, electrical phenomena, and any other conditions which may be supposed to shed light upon the etiology of our diseases. A full copy of which register shall be preserved from year to year, by the association.

ART. 18. The constitution may be amended at any stated meeting of the association, by a vote of two thirds of the members present, provided the amendment have been proposed in writing, at a previous meeting.

(Signed), NATHAN JOHNSON,
JOEL PENNINGTON.
VIERLING KERSEY.
S. S. BOYD.
WILLIAM DICKEY.
T. H. KERSEY.

The following BY-LAWS were then unanimously adopted.

1st. Parliamentary usages shall be observed, in conducting the business of the association.

2d. The members of the association shall be governed by the *American code of medical ethics.*

3d. Each member shall attend all the meetings of the association, or be subject to a fine, at the discretion of the society, in any sum not exceeding five dollars.

4th. The president, or any member appointed by him to deliver an essay, as provided in the constitution, failing to perform said duty, shall pay into the treasury the sum of three dollars.

5th. A copy of each essay, shall be left with the society by its author, but not published without his consent.

6th. The officers of this society shall be elected by ballot, and the candidate receiving the highest vote shall be declared elected.

7th. This society may, at the stated meeting in June, by a vote of two thirds of the members present, levy a tax on the members to defray necessary expenses, but this shall not exceed five dollars each, in any one year.

8th. Any member failing to comply with the requisitions of this association, shall be subject to presidential reprimand—and on a second failure, he shall be liable to expulsion, by a vote of two-thirds of the members present.

9th. The order of business in the meetings shall be as follows:

I. To call the roll, and note the delinquents.

II. To read the minutes of the preceding meeting, and dispose of them.

III. To attend to the cases of members absent at previous meetings.

IV. To attend to the unfinished business on the records.

V. At the appropriate meetings, to attend to the business especially enjoined in the constitution.

VI. To attend to miscellaneous business.

Initation fees, to the amount of thirty dollars were deposited on the secretary's table; and the society then proceeded to elect its officers, which resulted as follows.

President—Nathan Johnson, of Cambridge city.

Vice President—William Dickey, of Dalton.

Secretary—Vierling Kersey, of Milton.

Treasurer.—Joel Pennington, of Milton.

Censors—S. S. Boyd, of Jacksonburgh, T. H. Kersey, Lewisville, William Dickey, of Dalton.

Drs. Pennington and Kersey, of Milton, were directed to procure the necessary instruments for making the contemplated meteorological observations, and report the expense to next meeting.

The secretary was directed to correspond with the superintendent of the Smithsonian Institute, with a view to procure the necessary blanks for keeping a meteorological register.

The secretary and treasurer were directed to procure blank books suited to the wants of their respective offices, and report the cost to next meeting.

The secretary was directed to offer for publication in the *Western Lancet*, a copy of the proceedings of this meeting.

The meeting then adjourned. V. KERSEY, *Sec'y.*

The following interesting account of a singular case of periodical discharge, resembling the menstrual fluid, was communicated to the editors by Dr. Joseph Richardson of Church Hill, Trumbull Co, O.

We are of opinion that it was one of those cases in which nature makes an attempt at rejuvenation, and that the discharge in this case, was in whole or part of a menstrual character.

A few days since I was called to see an aged lady (Mrs. B.), whose condition her friends thought might require medical treatment. The patient is an Irish woman by birth, who emigrated to this country when but ten or twelve years of age. She is now in her seventy-fifth year, but not so enfeebled by age, but that she moves readily about the house, attending in most instances to her own personal wants. Her mental faculties are somewhat impaired, particularly memory in regard to present events—converses fluently but somewhat wanderingly, is of medium height, large boned and muscular, retaining a fullness of form and smoothness of features, with a general appearance of health unusual at her age. I was assured by herself and relatives, that she has enjoyed through a long life almost unexceptionable health, having experienced in that time almost complete immunity from both acute and chronic

disease, and I could not learn that she had ever been the subject of menstrual irregularities. She had no recollection herself of having suffered at any time during the period of uterine activity, any abnormal deviation from a regular and healthy discharge of the functions of that organ. After having borne seven children, the catamania ceased naturally, at about the usual time of life without any of the sequellæ that sometimes follow that event.

Last fall during the month of November, without any apparent provocation or exciting cause, her "courses," as her friends expressed it, returned on her, and though not abundant, kept up a continuous "show" for some six weeks. This drainage, continuing for so long a time, though moderate in quantity, must at the end of that time, have been considerable in the aggregate, and yet those, under whose immediate charge she was, assured me that the flow was accompanied with no appreciable impairment of health. Her appetite remained good, she was conscious of no uneasiness or distress, nor was the discharge either accompanied or followed by mental or physical depression. To all appearances it left her just where it found her, enjoying a fair and reasonable measure of health and strength. The character of the discharge was represented to me as presenting the appearance of freshly effused blood. It was described as of a clear red color, of moderate consistence but not coagulating. This consistence and color continued uniform until about the close of the 5th week, when it became gradually paler and less abundant, until it finally disappeared as a colorless fluid about the end of the 6th week.

She now enjoyed an entire immunity from this discharge up to the time of the second attack, which occurred sometime in February last. This time it continued for a period of about four weeks, was more copious, accompanied with coagula. At the end of this time, it gradually diminished in quantity, assuming a paler hue, until it finally ceased, compromising her health and strength no more than the former attack.

About the 25th of May, a third accession of hemorrhage occurred, presenting the same general characteristics as the former, but still more *profuse* than the last. This latter circumstance, and not any deleterious influence exerted upon the patient by the hemorrhage, induced her friends to seek medical advice, and it was with a view of determining the propriety of *interference* that I was consulted.

It occurred to me, that whether the pathological condition creating the necessity for the evacuation of the fluid might be referred to the general system, which had only selected the uterus as the most available organ for its salutary elimination, or whether the morbid condition was primarily located in the uterus itself, inducing undue congestion of that organ, or finally, whether the process was one more nearly identified with that concerned in the forma-

tion of the menstrual fluid proper, though the agency of the secreting vessels of the uterus, the indication seemed to be the same in either case, that of *non-interference*; at least to adopt no *active* measures as long as her well being was not compromised. There was a very probable certainty, that were this channel for its exit cut off, the system would almost certainly seek to relieve itself through some other organ, a great deal less adapted by nature for its elimination. Acting upon this conviction, I left small portions of acetate of lead and Dover's powder, to be given night and morning, to *control* simply, and not to *suspend* the discharges, with explicit directions to watch carefully the effects of the medicine, and to withdraw it immediately should its interruption be followed by the slightest indications of irregular health on the part of the patient —on the other hand to repeat the portions oftener should those prescribed fail to control it, with like precautions in regard to its effects upon her. I should not have felt myself warranted in interfering at all, had not the discharge become so free, that with a continuance of it for a much longer time, it must of necessity have impaired her strength seriously. At the time I saw her she could take but a few steps without leaving drops of blood upon the floor. It will not be out of place to repeat, that although this very considerable drainage had continued for more than two weeks, she was not conscious of having suffered from it in any respect, nor did her general appearance or any inability to personal exertion indicate unusual debility.

MISCELLANY.

Gun-Cotton.—The oblivion which seemed to have engulphed the world-renowned *gun-cotton*, has been partially removed. The Germanic Diet has granted the sum of 40,000 florins to Professor Schonbein, of Basle, and Professor Bottger, of Frankfort, for their invention of gun-cotton.

New Test for Sugar.—Professor Bottcher gives the following: Add to the liquid (urine or other fluid) a little carbonate of soda and magisterium bismuthi, and boil briskly; and, when cool, if sugar be present, the bismuth will be reduced, forming a *black powder*.

Kousso for Ascarides.—Dr. Hannon, of Brussels, employs this agent in the form of enema, with great success, in children affected with ascarides.

Sulphuric Acid in Diarrhœa.—Some of the English practitioners are extolling the virtues of *diluted sulphuric acid* in diarrhœa. Half a fluid drachm, of the diluted acid, in an ounce and a half

of sugar and water, is a dose for an adult. It may prove valuable in infantile diarrhœa.

Professor Brande.—This distinguished chemist has retired from the Royal Institution (London), in which he began his professional career in 1812.

A Martyr to Science.—A physician of Prague, who was in the habit of experimenting on himself with poisons and their antidotes, died recently from the effects of a large quantity of morphia, notwithstanding the exertions of his friends.

Transportation of a Surgeon.—William Hamlyn Pascoe, aged 50, a licentiate of the society of Apothecaries, was recently sentenced, at the Cornwall Assizes, to ten years transportation, for the alleged crime of producing abortion. It appeared in evidence, that the prisoner gave to one Catherine Nicholls a preparation of oil of savine and friars balsam, she laboring under suppressed menses. The quantity of savine directed was four and a half drops three times a day. One of the medical witnesses testified that no competent practitioner would prescribe savine in *such* doses, except for the purpose of producing abortion! There was no evidence that the surgeon was aware of the existence of pregnancy. We strongly suspect that the surgeon was improperly convicted.

Absence of the Fœtus in early Abortion.—Most practitioners have been puzzled to account for the absence of the fœtus, in many cases of early abortion. In such cases the ovum exhibits somewhat the appearance of a clot of blood, in which it is confidently expected the fœtus will be found; but it often happens that merely a smooth cavity, without any vestage of a fœtus, is all that remains. What has become of the contents of the cavity? Dr. Meyer (*Heule's Zeitschrift*), having directed his attention to this subject, always found a *rent* in some portion of the ovum, through which, he supposes, the fœtus had escaped, and was not detected.

Preservation of Vegetables.—M. Masson, a Parissian Horticulturist, was awarded a prize of 2,000 francs for his method of preserving vegetables. It consists in dessication of the plants, by means of a gentle heat, just enough to dry the plant without coagulating the albumen. Thus prepared, plants are said to preserve their peculiar aroma, and flavor, and when immersed in water become almost as good as when fresh.

A peculiar symptom of Rheumatic Ophthalmia.—Mr. Canton, at a late meeting of the London Medical Society, mentions the following sign of rheumatic ophthalmia, viz., a peculiar white deposit, collected at the internal or external canthus of the lids; in mild cases it is scanty, but in the violent is often quite abundant.

Urea as a Diuretic.—Urea is highly praised by some of the English practitioners as a diuretic. It is administered, in dropsical cases, in doses of ten grains.

Gutta Percha in Diseases of the Skin.—Dr. Graves, of Dublin has employed a saturated solution of gutta percha in chloroform, as a remedy in various forms of skin disease. The success is stated to have been very remarkable. The particulars will be published hereafter. *Collodion*, all know, has been very successfully employed in erysipelas, and other skin affections.

Sulphate of Quinidine.—This is the name of a new alkaloid, said to have been discovered in the cinchona bark. It is said to be equal to the sulphate of quinine, and much cheaper.

Starch in Cutaneous Diseases.—Starch has been recently much employed by *Cazenave* in skin diseases. It is used pure, or combined with oxide of zinc or camphor. In acute eczema, impetigo, herpes, acne rosacea, are first washed with a weak alkaline lotion, and the following powder applied: Oxide of zinc, one part, starch powder, fifteen parts. In prurigo of the axilla, anus, or genitals, the proportion of camphor is one fourth.

Operation for Ovarian Dropsy.—Mr. Brown, recently performed an unusual operation, at St. Mary's Hospital, for the cure of ovarian dropsy. The operation consisted in excising a portion of the cyst, returning the remainder within the peritoneum, closing the wound with suture, and thus allowing the secreted fluid to be absorbed. The patient was convalescent in a fortnight.

Medical politics in France.—It appears that Louis Napoleon, not content with political proscriptions, has extended his power to the medical profession. M. Orfilla, Dean of the Faculty, has lost his position in consequence of adhesion to the Orleans family, and is succeeded by M. Paul Dubois. Many physicians have been expelled from France, others imprisoned, and some compelled to remove to remote points, and remain under the surveillance of the police. In addition to this, the government has abolished the institution of the concours (except for the army), so that appointments, hereafter, will be under the immediate control of the President, and will be greatly regulated by political considerations. M. Chomel, having refused to take the oath required by the President, necessarily vacated his professorship in the school of medicine.

CHOLERA.

We are gratified to state that this fearful epidemic has not, this summer, visited Cincinnati. True, a few scattering cases have

occurred, but the disease has not assumed anything like an epidemic form, nor is there the slightest apprehension felt that such will be the result. Our community continues to enjoy an unusual exemption from diseases in general.

Cholera has prevailed, however, to some extent in various parts of the south and west, for several months past. The greatest prevalence of the disease has been on steamboats ascending the Mississippi and Ohio rivers, occurring chiefly among the Irish and German emigrants. These people seem peculiarly obnoxious to cholera, but whether there is really any unusual susceptibility on their part, or whether it should be ascribed to the exciting causes which surround them, are questions which may give rise to different opinions. It seems to us, however, that the circumstances surrounding recent emigrants, are well calculated to induce the disease, when there is the slightest tendency to it. Thus, landing at New Orleans after a long sea passage, during which they have been subjected to the strictest regimen, they are at once thrown into the midst of abundance of meats, fruits and vegetables, and surrounded by a warm atmosphere. Here they eat to excess; and immediately embark on board of steamboats for the west. During the passage up the rivers, they are huddled together on deck, in great numbers, and often without any form of covering at night. In this condition they pass from a warm to a cooler region, which acts often very powerfully on the system; and which, added to the disordered condition of the digestive organs resulting from imprudence in diet, furnishes a combination of the most active class of *exciting* causes of cholera.

The causes enumerated, however, would not be sufficient to induce true Asiatic Cholera, if there was not some specific agent operating at the same time. We believe that such an agent exists, and that it lingers about water courses, steam boats, damp and filthy dwellings, &c., which seem to act as *fomites* for the preservation of the disease.

Very recently cholera broke out with most fearful violence in the city of Maysville, Ky. Various rumors have been put afloat in relation to that occurrence. A statement recently made its appearance in a Cincinnati paper, to the effect that the disease at Maysville was *not* cholera, but that the *free negroes* who had been warned out of the city, *poisoned the wells* as a matter of re-

venge! such a statement was extremely improbable, but to set the matter at rest, we dispatched a note of inquiry on the subject, and received in reply the following statement from Dr. John M. Duke, of Maysville. Although his letter was not written with the view to publication, we take the liberty of extracting such portions as relate to the subject before us:

"There has been nothing unusual at all in the appearing of the cholera in this city, except its great mortality. I had noticed, before your letter arrived, the rumor to which ycu refer, but could not conceive how it originated. As often occurs at the onset, nearly all who were taken, *died*, and with short *premonitions*; and it was mainly confined to a small part of a square in the lower part of the town. It is a *flat, where there was once a swamp*, just at the foot of a *steeply inclined hill.* Most of the houses, if not all of them, were unprovided with drainage through their foundations, none of them have cellars which are used, and I noticed several which had the floors of their rooms, next the hill, very near if not resting upon the earth, and in one the drainage of the kitchen, wash water, &c., passed under the house, and caused so great a stench that the room could be used only after ventilation. So you see the *drainage* from the *tier* of houses with their sinks, refuse of kitchen &c., passed under and about those below them, and *cholera made its appearance in these identical houses*, a few days after a very heavy rain, the *first* which had fallen for some weeks, it being at the same time very cold, just such weather as you would expect to exert its centripetal influence upon the bowels. Here was the very place, and the very pabulum upon which (whenever the specific was generated,) we would anticipate its feeding and running riot. The class of persons attacked (though in the main comfortable—that is, not in *want*,) were not of the better classes. Since its first outbreak, it has been mainly confined to the foreign population—mostly to the Irish—huddled in filth, and exceedingly ignorant, neglecting their premonitory diarrhœas, or treating them with "castor *ile*"—which seems a national peculiarity. When seen by a physician, it had generally reached the stage of collapse, when all treatment was nearly useless. We have scarcely had any cholera among those of the better informed and more comfortable classes, and I think less diarrhœa than usual in the summer months."

THE WESTERN LANCET.

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ORIGINAL COMMUNICATIONS.

ART. I.—*Lectures on the Pathology, Diagnosis, and Treatment of Diseases of the Chest; delivered in the Commercial Hospital and Medical College of Ohio.* By L. M. LAWSON, M. D., etc.

LECTURE XVI.—Hooping-cough.

Definition, Synonymes, History.—Hooping-cough is a disease of the respiratory system, exhibiting more or less irritation of the mucous tissue of the larynx, trachea, and bronchi, attended with a convulsive cough, characterized especially by forcible and prolonged expiration, and difficult inspiration. It is a specific disease, being propagated by contagion, and affecting the system but once. It prevails both epidemically and sporadically; and is greatly modified in duration and intensity by season, locality, age, and constitutional predispositions. It has been designated by many different names, the principal of which are the following: *Tussis Puerorum Convulsiva*, Wilis; *Pertussis*, introduced by Sydenham, and adopted by Cullen and others; *Tussis Ferina*, Hoffman; *T. Consulsiva*, Sauvages; *Pneusis Pertussis*, Young; *Bronchitis Epidemica*, Marcus; *Bex Convulsiva*, Good; *Bonchitis Convulsiva*, Prunel; *Broncho-Cephalite*, Desruelles; *Coqueluche*, *Toux Convulsiva*, *T. Suffocante*, *T. Quinteuse*, *T. Bleue*, French; *Krampfhusten*, *Kikhusten*, *Keichhusten*, *&c.* German; *Portosse*, Italian; *Kinkhoast*, Scotch; *Hooping-cough*, *Chincough*, *Kin-cough*, *Kind-cough*, *etc. etc.*

Many of these terms indicate the opinions entertained by different writers in regard to the nature of the disease. Thus

bronchitis epidemicus signifies that it was regarded as epidemic *bronchitis; broncho-cephalite* that it was a complication of disease of the brain and the bronchial tubes; *Krampfhusten* is literally a cramp or convulsive cough. The French terms *Toux Convulsive, T. Suffocante, &c.*, refer to the convulsive character of the cough; but *Coqueluche*, another French term, is of more doubtful signification. Some trace it to *Coquelicot*, or wild poppy, the leaves of which were used in the disease; while others suppose the term to have arisen from the resemblance of the cough to the crowing of a cock (*chant du coq*). It is evident, however, from the history of the disease, that the term coqueluche was first used, as early as 1414, to designate a species of *epidemic catarrh*—of which Mezerai thus speaks: "A strange cold, which people named *Coqueluche*, affecting all classes of persons during the months of February and March, and which rendered the voice so hoarse that the bar and the chairs at the Colleges were silent. It caused the death of almost all old persons who were attacked." Valleriola says, that the vulgar called it *Coculuche*, because those who were attacked with it covered the head with a *Coqueluchon*, or cowl.* I am thus particular in mentioning the origin of this term in order to show that it was first applied to *epidemic influenza* (la *Grippe*) and that the two affections were not distinguished clearly for many years. The common term *hooping-cough* refers to the convulsive character of the disease, as shown by the *hoop*, or difficult and noisy inspiration. According to Dr. Good, Kin-cough, or Kind-cough, is derived from the Saxon or German term *kind*, or "child," because the disease is common in childhood.

The origin of hooping-cough is unknown. It is not described, in any distinct form, by the Greek or Arabian physicians. The passage in Hippocrates, on epidemics, refers to diseases of the *throat*, complicated with inflammation of the larynx, which evidently was not hooping-cough. It may fairly be a question, however, whether this failure to describe the disease was not rather an omission arising from a want of knowledge of the affection, than its non-prevalence; but whatever may be the facts of the case, we are compelled to regard it as being of modern origin, because the ancients have left no clear record of its existence.

Wilis (Amsterdam, 1682), was really the first writer who

*Dictionnaire de Medecine.

gave a distinct account of hooping-cough, under the name of *tussis puerorum convulsiva;* but it appears that even he confounded it with other forms of convulsive cough. The epidemics of the sixteenth and seventeenth centuries, as described by Mezerai, De Thou, Pasquier, and others, were evidently *influenza;* so that no full and satisfactory history was given of hooping-cough until the beginning of the eighthteenth century. In 1726, it was fully identified and described by Sydenham, after which it was acknowledged by writers throughout Europe. It was described by Alberti, 1728; Hoffman, 1732; Fothergill, 1767; Hufeland, 1798; Watt, 1813; Marcus, 1816; Waterhouse, 1822; Webster, 1822; Desruelles, 1827—together with nearly all the writers on practical medicine, in Europe and America.

Symptoms.—The symptoms exhibited by hooping-cough vary in intensity and special character with the stage, complications, age of the patient, state of the atmosphere, character of the epidemic, constitutional predispositions, and often inappreciable modifying conditions. In a simple, or uncomplicated case, three periods or stages may be designated: 1. Stage of excitement; 2. The spasmodic stage; 3. The stage of decline.

First period, or Stage of Excitement.—Hooping-cough begins, in nearly all cases, as a simple catarrh; we remark more or less febrile disturbance, hoarseness, languor, headache, often drowsiness, some degree of coryza, sneezing, slight redness of the eyes, and dry cough. These symptoms vary much in severity, as well as special character; the irritation may begin in the larynx and trachea, or the mucous membrane of the nose and eyes may be prominently affected, exhibiting somewhat the appearance of an attack of measles. It is more common, however, to witness catarrhal symptoms of a milder grade. The degree of febrile excitement is quite variable; sometimes, indeed, there is no appreciable degree of fever, the catarrhal symptoms being absent, although the opposite is the general rule. The cough (which is sometimes preceded by the other symptoms), presents nothing very remarkable, until it assumes a periodical and spasmodic form; indeed, it can hardly be distinguished, in the beginning, from that which accompanies common bronchitis, the only differences are that it is somewhat more sonorous in hooping-cough, and occurs in more distinctly marked paroxysms. The cough, however, gradually increases in severity, exhibiting, in a more marked degree, its paroxysmal characters. The sputum, in

this stage, is scanty, presenting a transparent aspect, of a saline taste, and doubtless of an irritating character. But as children seldom expectorate, the mucous secretion is discharged mostly by vomiting. Hooping-cough is not generally accompanied by *pain;* in the beginning there is a sense of *constriction* of the chest, and throughout the disease more or less uneasiness. Where there is any considerable degree of acuteness manifested, there is often pain or uneasiness in the region of the larynx and trachea.

The *duration* of the catarrhal stage of hooping-cough is by no means uniform, and observers have given it a wide range. Some state its duration at from four to six days, while others extend it to a month or six weeks. The severity of the epidemic, state of the atmosphere, and constitution of the patient, are conditions which must obviously modify its duration. I think we may, however, state the duration of this stage at from one to two weeks; it is seldom shorter than one week, and is not usually prolonged much beyond a fortnight. In some rare cases the disease terminates with the first or catarrhal stage; but usually it gradually passes into the second, which will be next considered.

Second period, or Nervous Stage.—The second stage is particularly marked by the cessation, or great reduction, of the catarrhal or irritative symptoms, and the accession of the nervous or spasmodic element. This period is usually denominated the *nervous* stage, but it would be a great error to suppose that *all* vascular excitement has ceased, for the symptoms indicate a continuance, though in a subdued degree, of the irritation of the mucous membrane. The *cough* in this period, reaches its greatest intensity: it becomes strictly paroxysmal, and acquires the characteristic "hoop." Each seizure consists of a series of violent and ringing expirations, with but little if any inspiration, until after a certain interval, when partial relaxation occurs, and the introduction of air is accompanied by the hoop. The paroxysms of coughing are preceded by an intense tickling sensation in the larynx, occasionally accompanied by nausea. The expiratory act, in its several successions becomes forcible and prolonged; the spasmodic action of the muscles concerned in this process, together with the contraction of the bronchial tubes and the air-cells, force out all the air which the powers of nature are capable of expelling, when, apparently just short of actual suffocation, the irresistable instinct for atmospheric air overcomes all resistance, and the patient again inspires. As the result of a strong effort air is again introduced into the lungs, but

the laryngeal muscles being in a state of spasmodic constriction, its ingress is greatly impeded, and its forcible passage through the narrowed aperture of the glottis, causes the loud and shrill *hoop* which characterizes the disease. Laennec ascribes the peculiar sound, pathognomonic of hooping-cough, to a spasmodic state of the glottis and the pendulous veil of the palate. In addition to the ordinary hoop, he mentions the occurrence of sounds like the crowing of a cock, or the barking of a dog, and in one example, sent to him by Dr. Bally, the sound was similar to the cooing of of a pigeon.

The circulation, during a fit of coughing, becomes greatly huried, which augments the effects of impending suffocation by hastening the partially arterialized blood through the system; and this condition, added to the almost complete exhaustion of the chest, and the scanty supply of air, induces a state approaching actual asphyxia.

The forcible contraction of the thoracic cavity, induced by these violent efforts, offers an impediment to the free return of venous blood; hence the face and neck become turgid, the eyes injected, and hemorrhage from the nose, eyes, ears and air-passages may follow. Epistaxis occurs chiefly in plethoric constitutions, and, when not excessive, may be regarded as salutary, especially protecting the brain from injury. It is believed, however, that frequent or excessive bleedings protract the second stage. The same causes which induce the preceding train of symptoms, occasionally affect the brain with so much intensity as to produce general convulsions—a condition which should be regarded as a dangerous complication. Involuntary discharge of fæces and urine, prolapsus ani, and hernia, have all been witnessed as consequences of the violent paroxysms.

The paroxysms usually terminate in a free discharge of glairy mucus, and occasionally by vomiting,—the latter being produced by the mechanical action of the abdominal muscles on the stomach. We are not to infer that *vomiting* is a symptom of gastric derangement; on the contrary, there is no sufficient evidence that the emesis arises from any other than mechanical causes; indeed, immediately after vomiting, the little patient will often call for food, and eat heartily.

The frequency and duration of the fits of coughing vary greatly in different cases. In mild examples there may not be more than five or six paroxysms in twenty-four hours, each one lasting from a half to five or six minutes, or even longer; but in the more severe forms, they recur with great frequency,

sometimes every fifteen or thirty minutes, and M. Blache (*Dic. de Med.*) states that he has witnessed them as often as every ten minutes. Some writers claim that the fits recur more frequently during the day, while others assign the greatest intensity to the disease during the night. Dr. West states that, in an epidemic observed by him, the greatest intensity was reached during the night; and M. Blache (*loc. cit.*) declares that the same is true. "In all the course of the disease," says he, "they are more frequent in the night, the morning and the evening, than in the day." Dr. Condie affirms that the intervals between the paroxysms are, "in general longer, during the period of increase, in the day, and during the decline of the disease, at night." It is certainly true that, while fever exists, the symptoms all become aggravated as the day advances, and this increase often extends through at least half of the night; but as the disease declines, and becomes more strictly nervous, or apyretic, the various exciting causes which are capable of inducing a paroxysm, are most frequently applied during the day.

I am disposed to agree, therefore, with the opinion of Dr. Condie, although there are certainly exceptions to so general a rule. Severe fits of coughing often occur on retiring to bed, and on rising in the morning. As the disease abates the paroxysms become less frequent, returning only morning and evening, and finally becoming limited to an evening attack.

A free secretion of mucus is a favorable occurrence, and greatly diminishes the frequency and violence of the cough. As the disease advances, and the irritation diminishes, the sputa become less glairy, and somewhat opaque—a sure indication of receding excitement. The cough is readily excited by exercise, crying, anger, cold, undue quantities of ingesta, and the sympathetic influence of others coughing.

As already stated, the febrile excitement, which prevails in the first stage, is either absent or greatly diminished during the second, and in mild cases, indeed, there is no fever. But another class of cases is met with in which the local excitement continues, and the fever assumes a remittent type, with evening exacerbations; and these evening accessions of fever induce severe paroxysms of coughing during the night, which greatly prostrate the patient. The sputa, in some cases of this class, become opaque and muco-purulent.

The duration of the second period is exceedingly variable, being much influenced by atmospheric vicissitudes, violence of the epidemic, and other modifying causes. We may as-

sume, however, with tolerable correctness, that it will seldom abate short of from two to four weeks, and, under unfavorable circumstances, may be protracted to several months. I have known a case in which the hoop continued six months.

Third Period, or Stage of Decline.—The third period, which is termed the *stage of decline*, exhibits a mitigation of all the symptoms which characterize the disease. The paroxysms of coughing diminish in frequency, and the spasmodic element gradually subsides; the sputa lose their glairy and transparent characters, and become more consistent and opaque; the febrile excitement (if any exist in the second stage), ceases altogether, and the patient is gradually restored to health, in a period ranging from a few weeks to several months. The stage of convalescence, however, is not always steady and uniform, but it is liable to be interrupted by various causes, especially exposure to cold. It is well known that, even after all signs of the disease have disappeared, a catarrh may so far renew it as to re-establish the spasmodic cough. I have known an instance in which the *hoop* re-appeared *six* months after all signs of the disease had ceased, and *twelve* months from the accession of the attack.

Hooping-cough has been observed, in some examples, to assume a periodic character; but it rarely exhibits a distinct periodicity, except when the patient is laboring under the influence of *miasm;* or, when the disease becomes greatly protracted, assuming somewhat of a *chronic* character. A case has been recorded by Dr. Percival which exhibited periodicity in a very remarkable degree. The paroxysms returned daily at a particular hour, which continued for several months; and, what was still more remarkable, the disease recurred at the same season for two years. Such cases can be regarded only as curiosities, constituting remarkable exceptions to the usual course of the disease.

Physical Signs.—Hooping-cough is characterized by the presence of the sibilant, sonorous, and mucous rhonchi. In the early stages of the disease, while the secretion is scanty, we hear only the sibilant and sonorous sounds; but when the mucous secretion becomes more abundant, the moist rhonchi are added. The mucous and sub-crepitant rhonchi occur when the secretion is more profuse, the latter showing that the mucus occupies the capillary bronchi. A gurgling, or cavernous rhonchus, is sometimes heard when the bronchi become sufficiently dilated to allow of considerable accumulations of mucus. In the mildest cases, the rhonchi are very

slight, or entirely wanting. During a fit of coughing, and at the moment of forcible expiration, the vesicular murmur is suspended, and no characteristic sound is heard; and during the imperfect inspiration accompanying the *hoop*, the vesicular sound is but imperfectly developed, and frequently cannot be heard at all, but a hissing sound is audible in the trachea, and penetrating as far as the primary divisions of the bronchi. This latter fact, according to the opinions of some, proves that the air penetrates only to the primary bronchi; but it is far more probable that it continues to pervade every part of the lungs, though in diminished quantity, and with reduced force, so that the vesicular murmur does not become audible. Spasmodic action of the small bronchi doubtless contribute to this exclusion of air.

Percussion, in uncomplicated cases, yields natural results, except at the moment of *prolonged expiration*, when the sound is somewhat reduced in clearness in consequence of the small quantity of air which remains.

It will be preceived that the physical signs of hooping-cough are only negatively important. They are merely those which characterize mild bronchitis; but this fact is important, for it teaches us that the supervention of other signs indicate certain *complications*, which the practitioner should at once recognize. Thus the occurrence of pneumonitis is announced by the crepitant rhonchus, pleuritis by friction sound; so that the practitioner should carfully watch the physical signs, by which he may at once detect important and often dangerous complications.

Pathology.—The nature of hooping-cough has not been definitely settled by pathologists. Many theories have been advanced, and various pathological appearances described, with the view of elucidating the nature of the morbid action, and the results of the disease as exhibited post-mortem. The most opposite views have been entertained on this subject, arising from a partial observation of the phenomena of the disease, or a desire to maintain some favorite dogma. And notwithstanding the light which modern pathology, and recent investigations have shed on the subject, it still remains in many respects unsettled, and quite different opinions are entertained of its nature and seat. Some locate the morbid action in the mucous membrane of the air-passages, others in the nerves of the respiratory apparatus, while a third class impute it to disease of the brain. A cursory notice of some of the principal views which have been entertained, may aid

us in analyzing the subject and in arriving at satisfactory conclusions.

1. Hooping-cough has been regarded as a sympathetic affection; that is to say, the primary disease has been supposed to be located in the *stomach*, the cough and other pulmonary symptoms being purely sympathetic. Stoll, Gardien, Millot, and even Broussais entertained this opinion.

2. It has been referred to a morbid state of the blood. Sydenham regarded it as depending on an acrid miasm floating in the blood; while Linneus ascribed it (as he did most other diseases) to animalcules received from the air. These theories, variously modified, were adopted by many writers; and although they refer especially to the remote cause of the disease, they also indicate its essential nature.

3. Some have maintained that the morbid action was located in the nerves of the air-passages, stomach and diaphragm —involving, chiefly, the pneumogastric. According to this theory (which was maintained by Hoffman, Hufeland, &c.) the primary irritation commences in the nerves of the air-passages, and extends by sympathy, to the diaphragm, thus inducing the convulsive movements of that muscle, while the stomach becomes involved through the pneumograstric. By some, the irritation was located in the phrenic nerve, from which it was supposed to radiate to other parts of the system. Dr. WENDT (Breslaw, 1822), ascribed it to the eighth pair, the recurrent, and intercostal nerves, the solar plexus always being involved. He conceived, therefore, that it was not a *bronchitis*, as some had supposed, but admitted that inflammation might readily arise during its course. GUIBERT (Paris, 1824), also regarded it as a *nervous* affection, he believed that even a common catarrh might pass into hooping-cough, provided the nerves of the larynx and diaphragm become involved. Albers (of Bremen) considered it a nervous affection, independent of inflammation, and the latter condition, when present, was an accidental complication, but one which was very liable to occur.

4. Hooping-cough has been supposed to depend on inflammation of some portion of the brain or its envelopes. Dr. Webster (London, 1822) advanced the opinion, "that the actual seat of hooping-cough is in the head;" the affection of the respiratory system, being, in his opinion, entirely secondary. Others have entertained similar views.

5. Another class of writers, perceiving that the phenomena of hooping-cough embraced irritation of the mucous mem-

brane, and certain nervous symptoms, attributed it to lesions of both organs. It was admitted that the disease commenced in the bronchi, but that it speedily involved the brain, and that this extension to the brain was necessary for the full development of the disease. At the head of this class we may place M. Desruelles (Paris, 1827), but many others have adopted nearly the same opinion. Dr. Copland believes that the medulla oblongata, or its membranes, becomes early involved, as a consequence of the irritation of the laryngeal nerves,—thus making the affection of the brain a reflex disorder. In simple cases, he thinks the disease is chiefly nervous. According to Desruelles, it may be limited to simple inflammation of the bronchi, in which case the characteristic *hoop* does not occur; but when the morbid action involves the brain, the spasmodic element is superadded, and the difficult inspiration occurs.

6. M. Blache (*Dict. de Med.*) remarks that, with Hufeland, Schœffer, Albers, J. Frank, and Roche, he regards *Coqueluche* as a neurosis, of which the seat is in the mucous membrane of the bronchi, and in the vagus nerve; a neurosis very frequently complicated with bronchitis or pneumonitis, but often existing without them, and, like all diseases of the same nature, having no appreciable anatomical character.

7. MM. Roche and Sanson (*Nouv. Elem. de Path.*) regard hooping-cough as consisting of a neurosis, simultaneous of the mucous membrane of the bronchi, the stomach and pneumogastric nerve, and very often accompanied by bronchitis, sometimes by gastritis, pneumonitis, plueuritis, or encephalitis, but often existing without them.

8. Guernsent considered the disease to be a specific inflammation of the bronchi, with a lesion of the pulmonary nerves.

9. Dr. Volz, classes hooping-cough with the acute exanthemata. Thus, like measles, it is epidemic, contagious, attacks chiefly children, and occurs but once during life. He has witnessed an exudative affection of the intestinal glands, similar to that which Rokitansky includes among the exanthemata. This morbid material, it is thought, may be referred to the blood, as in scarlatina, measles, cholera, and typhus. Neuman has witnessed an eruption in hooping-cough, resembling measles in form, with the color of scarlatina.

10. A large proportion of modern writers regard hooping-cough as a mild bronchitis, or catarrhal inflammation, more or less acute, to which is added a spasmodic element. Dr. Watt (Glasgow, 1812), was among the first to advocate the

inflammatory nature of the disease, his attention having been strongly drawn to the subject by the loss of two of his own children, whose bodies he examined, and in whom was found unequivocal evidences of inflammation.

Let us next turn to the dead subject, and learn what light has been shed on the disease by post-obit examinations.

ART. VI.—*Singular Case of Labor.* By Dr. W. H. SCOBEY, of Rossville, Ohio.

April 26, 1850, I was called to visit Mrs. C., aged about 35, of good constitution, and the mother of five children. She informed me that she had reached the seventh month of gestation. She was taken during the last night with pain in the lumbar region, and soon after a quantity of water escaped per vaginum, which she supposed to be the liquor amnii; pain continued in frequency, and increased in intensity up to the time of my visit. She has now strong uterine contractions once in five or six minutes; the water discharging at each pain. I made an examination per vaginum, found the os uteri high and no dilatation. I ordered a full portion of the sul. morphine, enjoined rest and perfect quietude. In a few hours the pain abated, the discharge of water ceased, and in a few days she returned to her household duties.

May 10, I was again summoned to see Mrs. C. Found her much in the same condition as at my former visit. The condition of the neck and os uteri confirmed the statement of the lady that the full period of gestation had not elapsed. The same means as before were resorted to, and with like happy results.

June 10, I was again summoned to Mrs. C. in great haste. Found her sitting up in bed with both hands clasping her head, screaming that her head would burst, eyes glaring and rolling with an expression of horror and suffering that I had never witnessed; pulse about one hundred, but devoid of the peculiarities of the inflammatory diathesis; notwithstanding, I opened a vein and took over a pint of blood, the effect of which was to diminish the heart's action manifestly, but with little impression upon the suffering of the patient. Cold water was freely applied to the head, although there was no heat or other manifestation of inflammation. Morphine in full portions was also ordered every half hour.

I learned from the husband that she had had good health up to this morning, when she complained of what she re-

garded as ordinary headache that passed off after dinner; at two o'clock P. M. it returned, and increased rapidly; at three o'clock she had a paroxysm similar to that which I had just witnessed. The pain was evidently paroxysmal, remitting and returning once in five or six minutes; during the severity of the paroxysm her suffering was extreme. On making an examination per vaginum, I found the os uteri dilated and soft, vertex presentation, but no contractions.

At five o'clock narcotism came on; the pain in the head greatly abated, and in answer to my question she informs me that she has felt slight pains in the lumbar region, and that they appear to increase as the pain in the head abates.

It may be well to remark that the idea of metastasis had occurred to my mind; and as the full term of gestation had elapsed, my object was to hasten the normal contractions. For this purpose a decoction of ergot was prepared and given in large portions; but with no manifest effect.

At seven o'clock there was but little pain in the head, the uterine contractions continued with regularity, and hope was entertained that the labor would terminate favorably in a few hours.

At nine o'clock the pain in the head grew more severe, and in spite of foot bath, change of position, ergot, &c., the labor was more inefficient, and in fact doing nothing to advance the delivery.

A large mustard poultice was ordered to the lumbar and sacral region, and as soon as it had time to manifest its action upon the skin, a change took place in the labor, and the whole state of the case was reversed—the head became clear of pain as if by enchantment, the uterus took on a healthy and vigorous contraction, and in an hour the second stage of labor was completed by the delivery of a large and healthy child.

The patient immediately became very faint, hemorrhage set in profusely, to which she was subject in all her confinements; vomiting was a troublesome attendant for a time, when finally, reaction came on and she had as rapid and happy a "getting up" as could have been hoped for.

Query—1. Was this an example of metastasis of pains?

2. Had the discharge of liquor amnii for nearly two months previous to the labor, anything to do in producing this feature of the case?

3. Had the mustard application to the back any agency in producing the contractions that followed, or were they accidental?

3. If the first, would it not be a good prescription in all cases of inefficient labor?

ART. III.—*On the Use of Ergot.* By. B. F. RICHARDSON, M. D. of Cincinnati.

Various terms have been used to designate the article under consideration, their recapitulation, however is, unnecessary. Ergot or secale cornutum, are the terms ordinarily employed in this country. Perhaps there is no article of the materia medica, in common use, about which there exists greater extremes of opinion, in regard to its therapeutical powers, and the advantages and disadvantages resulting from its employment, and I may be permitted to add—that no article of our materia medica, possessing such decided and powerful influences, has received so little careful attention on the part of the profession generally. There are even those who absolutely deny that it possesses any specific influence whatever, over the uterus. Amongst these, I will name: Gardien, Desormeux, Beckland, Capuson, Hall, Jackson and the celebrated Madam Lachapelle. Others contend, that when the uterine contractions are affected by it, it is the result of accident, and is only incidental to the alleged general purturbation of the system produced by its administration—and that in every instance where the uterine functions are disturbed by it, this state of general purturbation takes precedence. Amongst those authors who fully believe in its efficient and specific action upon the uterus: are—Burdot, Gendrin, Chevreuel, Begischi, Luroth, Davies, Blundell, Jewell, Lee, Smith, Dewees, Chapman, Goupil, Legras, Neal, Churchill, Mitchell, Villeneuve, Velpeau, Ryan, the Ramsbothams, &c., in conjunction I presume with a large majority of the medical profession. Not to mention a vast horde of midwives, who give us the most conclusive evidence of their full and firm belief in its parturifacient powers, by administering it upon almost all occasions where labor proves a little tedious, without any reference whatever, to the requisite conditions for its judicious exhibition. How any intelligent and unprejudiced practitioner can doubt or deny the influence of ergot upon the uterus, during labor, after having given it a fair trial, I am really at a loss to comprehend. I have administered the drug probably more than one hundred and fifty times (in view of its action upon the uterus under different circumstances) during a practice of ten years, and can confidently declare, that I have been but rarely disappointed in my expectations as to its effect. The change produced in the character and frequency of the pains, is remarkable, and cannot well escape the observation of an entive accoucher. This change is not simply observable

in the external manifestations; the sudden and greatly augmented expulsive efforts of the uterus, as indicated by the *touch*, irresistably convince us that the uterus has assumed a different mode of action. Now this cannot be accidental, for this same change will follow its administration four times in five. The change is not merely in the increased power and frequency of the pains—*the child advances differently*—the presenting part does not recede, as it does after each pain, of unassisted labor. This fact I consider the most unanswerable for those who contend that ergot produces no specific action upon the uterus. In cases of inefficient labor, when, hour after hour, the head has advanced and receded with each pain and its intermission, without prospect of its engaging, I have administered the ergot with a result of a prompt engagement and persistent progress of the fœtus. Again: when the influence of the drug becomes once fully established, the patient experiences *no intermission of pain*, so long as that influence continues. Generally there is sufficient *remission*, to enable the patient to discontinue her voluntary efforts—but there is a constant feeling of inquietude, accompanied with an inclination to bear down—clearly indicating persistent contraction of the uterus. The os uteri, which, in an unassisted labor, is found to be alternately tense and flacid, *becomes uninterruptedly tense.*

There are various forms in which ergot is administered. I usually adopt the following—one drachm and a half divided into four powders—to each powder add one third of a saucer full of hot water, which is allowed to stand about five minutes—a dose to be given every twenty or twenty-five minutes, until its effect is distinctly observable. In no case do I give more than one drachm and a half, unless I have reason to believe the article already used, was of bad quality; and I am of the opinion, that when the article is of good quality, and the case susceptible to its influence—any additional amount, can do no good, but on the other hand will generally produce disturbance of the stomach and head. At the suggestion of my friend Dr. Jesse P. Judkins, I administered it in combination with borate of soda, in the proportion of ten grains, to one drachm of ergot, dividing it into three portions, with a hot infusion of cinnamon as a menstruum. I continued its use in this form for about a year, I did not discover that it was any more efficient than the ergot alone, and much oftener disagreed with the stomach. I therefore abandoned it, and again resorted to the ergot without any adjuvant. Much difference of opinion

exists as to the time required for the development of its action —different authorities varying from five minutes to thirty; according to my observation it is extremely irregular; sometimes having witnessed its influence come about in an unmistakeable manner, some time after having concluded that the drug was worthless or the case insusceptible. I do not recollect, however, of its having acted short of fifteen minutes—generally requiring from twenty to twenty-five. There is quite as much difference of opinion as to how long the child will live under the influence of ergot. Some alleging that unless the child is delivered within half an hour after its action has fairly commenced—it will be born dead. Others say an hour, and the extreme limit is generally put down at two hours. Now my experience has afforded so many exceptions to either of the limitations, that I must conclude they were determined from insufficient data.

It has been a question whether ergot is capable of *originating* uterine contractions at any period of pregnancy. The experiments of F. H. Ramsbotham, amounting to sixty-eight cases, clearly establish the fact, that it is capable if it, from the seventh month to full time; Dewees cites a case at the fifth month. There is no doubt, however, when exclusively relied upon it is very uncertain, and the uncertainty increases as we approximate the period of conception. This opinion is not only confirmed by experiment, but is theoretically true. The influence of ergot is upon the muscular structure of the uterus, and the degree of manifestation will be proportionate to the amount of muscular development. This being true, we should not expect it capable of ejecting the fœtus during the first two or three months, especially as its attachments during that period are proportionately very extensive. I have long been in the habit of employing it in menorrhagia. It generally arrests the hemorrhage promptly, and is followed by more or less pain in the uterine region. A short time ago, I administered it in a case of this kind, occurring two months after confinement;—having desisted from its employment for twenty-four hours, in consequence of intolerance of stomach on the part of the patient, I had resorted to various expedients without avail, and up to the time of giving the ergot, she had experienced not the least pain whatever. I ordered ten grain doses to be given every half hour, until the hemorrhage should subside. In a few hours I was sent for, and found the patient laboring under the most violent uterine pains—the hemorrhage had subsided almost entirely. She had taken

but thirty grains of the ergot. The character of the pains induced was compared by the patient, to those of after pains. In consequence of the long continuance and severity of the pains, attended with exquisite tenderness over the lower portion of the abdomen, I was compelled to resort to the application of a blister—other means having failed to relieve her.

The profession is much divided as to how far ergot may be used with advantage and safety. Some, there are, who dread its powers to such an extent, as to almost exclude it from their remedial means. It is in the hands of such individuals, that its results are likely to prove unsatisfactory, for they usually resort to it only in anticipation of the forceps. On the other hand, there are many who administer it with as little dread of ill consequences, as they would the tenth dilution of Hahneman.

To form a just estimate of its relative merits and demerits, the conditions under which it is administered, must be taken into consideration. When a person states that he has given it ten times—each time followed by the birth of a still born infant; it only proves that ergot is capable of destroying life —so is opium. In an essay, denominated "observations on ergot," written by the late Prof. John B. Beck, of New York, the following statistics are adduced. Dr. Hosack gave it in three cases followed by the death of the infant in all. Dr. Chatard gave it in 37 cases—12 deaths. Dr. Church, 7 cases—5 deaths, Dr. Davies, 10 cases—4 deaths. Dr. T. Chavasse, 18 cases—18 deaths! Dr. Jukes, 6 cases—5 deaths, Dr. P. H. Chavasse, 9 cases—9 deaths. Mr. J. Patterson, 8 cases—3 deaths—in all 98 cases, in which 56 of the infants were still born? The Doctors Chavasse, seem to have been peculiarly unfortunate—having destroyed the infant in every instance—27 in number! The reports of the foregoing cases, as given by Dr. Beck, are at least remarkable in two things: firstly, the immense per centage of mortality amongst the infants; secondly, the complete silence of the authors in regard to the description of cases, or the conditions under which it was given. Now the rational inference from these statistics, is, to every one who has had much experience in the use of ergot, that the authors were either very injudicious or very unfortunate in their selection of cases, for who can believe such terrible and sweeping mortality will follow in the wake of its careful and judicious employment. To my mind these statistics only prove at the most, that it is capable of destroying the life of the infant, as before remarked.

That ergot possesses this power no one will be disposed to doubt, who has witnessed the violent and continuous uterine contraction sometimes induced by it. Nor are its ill effects confined to the child; the mother often suffers serious injury, which sometimes results in death. Dr. Robert Lee of London in his work on obstetrics, enumerates a number of cases wherein the lives of both mother and child were sacrificed to its injudicious use, but the conditions under which it was used, are so clearly proscribed in the mind of every ordinarily well informed physician, as to deprive them of weight even in a way of a caution. The obstetrician who knows not when it is necessary to use the catheter, knows not when to use ergot; and he who would give ergot in a case twice before delivered through the instrumentalities of perforator and crotchet, in consequence of distortion of the pelvis, is a fool. The mission of such a man in the profession, is to kill! Dr. Lee is evidently strongly prejudged against an article, in regard to which he holds the following language: "I have never ventured, either in public or private practice, except in cases of accidental uterine hemorrhage and retained placenta, to administer the ergot of rye to a woman in labor, and I am satisfied that no individual under my care has suffered from the want of it." He has not seen proper to inform us whether or not, any "individual under his care," had suffered from the use of the forceps, which he may have used in cases, that might have been speedily and safely terminated by the administration of ergot. The tenor of his remarks on the subject throughout, clearly indicate a strong prejudice against its employment at all as a parturifacient. He admits not having used it himself for that purpose, and has had the misfortune to be called in consultation often, where its culpable employment resulted disastrously to both mother and child.

From a letter written by Dr. Tate of this city, whilst in Paris, dated Nov. 11th 1850. I extract portions of a discussion in the Academy of Medicine, in regard to the action of ergot. Dr. Moreau stated that during forty years, exclusively devoted to the practice of obstetrics, he had not used it ten times. He condemns its use. A practitioner engaged extensively in obstetrics, who administers ergot but once every four years, would not be very apt to select cases suitable for satisfactory results. He further says: "In hemorrhage the ergot is a valuable medicine, but it should only be used in those cases where the placenta is inserted over the neck, or in hemorrhages occurring after delivery." In the first position, he

differs from Prof. Lee, who says it should *not* be given, when the placenta is inserted over the neck,—under suitable conditions. I believe the position of Moreau is the correct one.

But he says further: "In cases of abortion it can have no beneficial effects." In this he is undoubtedly mistaken. I consider it invaluable in those cases, where persistent and alarming hemorrhage occurs, and the os uteri so slowly dilates as to render manual or instrumental interference impracticable. Experimentally or theoretically tampons have never stood high in my estimation. That ergot acts and acts efficiently upon the uterus during the process of abortion. I know from numerous experiments, and I would rather rely upon it when the hemorrhage is urgent and the os uteri but little dilated; than upon all other remedial means combined. Whilst on the subject of abortion, it may be well to advert to a result which sometimes, though rarely follows its administration. Under certain conditions it seems capable of *arresting* the process of abortion. My experience has afforded me two such examples. How are we to explain this apparent inconsistency in its action? I do not consider it capable of producing this result, where any considerable dilatation of the os uteri has taken place; in those cases, however, where a portion of the placental attachment has been broken up and blood extravasated—said blood being forced through the cervix and os uteri by the uterine contractions induced by the stimulus of distention. I believe it capable of sometimes arresting the process. The blood being expelled, uterine repose follows, until contraction is again excited by the distention produced by the extravasation, again a state of comparative repose, permitting a reaccumulation; and so on indefinitely, until, by successive contractions, which if not timely arrested, must result in the complete detachment of the placental surface, and consequent ejection of the uterine contents, sooner or later. But suppose we administer ergot prior to dilatation of the cervix uteri, through its influence, the uterus is induced to contract—the accumulated blood is expelled, the bleeding surface of the uterus is brought in apposition with the placental surface, and retained there by the persistent tonic contraction, resulting from the ergotism. The uterus remains under this influence long enough to permanently arrest the hemorrhage—the mouths of the bleeding vessels becoming plugged with coagula. The hemorrhage being arrested, the exciting cause of the contractions prior to giving ergot ceases gradually, the influence of the ergot subsides, and with it the

disposition to abort. This, to my mind is the only rational explanation.

During labor, under what conditions may ergot be administered with comparative safety? This question is answered differently by different authors. Churchill answers thus: 1st. When the pains are feeble and inefficient without especial cause. 2d. If the os uteri be soft and dilatable. 3d. If there be no obstacle to a natural delivery. 4th. If the head or breech present, and be sufficiently advanced; and 5th. If there be no threatening head symptoms or excessive general irritability."

In my opinion this statement is deficient in three points at least, and objectionable in a fourth. He should have excluded first labors, which are generally unsafe for its administration, especially to the child, even where all the conditions are present which he enumerates. He should have been more explicit in regard to the extent of dilatation of the os uteri, and as to how long a case of labor may, with safety and propriety, be left to the unassisted efforts of nature. He associates breech with head presentations, without qualification. This I hold to be objectionable, for I am firmly convinced that it should never be given in breech presentations, so long as the child is believed to be alive, and the safety of the mother is not so far jeopardized, as to make us regardless of the child's welfare. The death of the infant in breech presentations, occurs often enough at least, but in my opinion it is far more likely to occur under the influence of ergot. I regret to say that my conclusion has been derived from experience—an experience sufficiently ample to be more conclusive than satisfactory. Prof. Ryan, of London, who has devoted much attention to this subject, lays down the following brief, and to me defective, rule: "The parturient process must have commenced, the os uteri be considerably dilated, or dilatable; that the presentation and pelvis be natural, and the digestive organs in a healthy state." It is unnecessary to consume time in further citations of authority; suffice it to say, they all differ more or less in their injunctions. I shall enumerate the conditions, which in my own estimation are requisite for its safe and satisfactory administration. Firstly—The woman shall have had one or more children unattended with serious difficulty. Secondly—The labor having continued a length of time consistent with the patient's strength. Thirdly—The os uteri well dilated. Fourthly—The vertex presenting, and of due relative size, having at least fairly entered the superior

straight. Fifthly—The membranes ruptured, unless the presentation is clearly understood. Sixthly—No obstruction to a natural delivery, such as accumulation of urine, loaded rectum, tumors, pelvic malformation, &c. Seventhly—Uterine contractions feeble, accompanied with laborious voluntary efforts. Eighthly—Tolerant state of the stomach, and absence of severe pain in the head. Ninthly—Valvular or other serious disease of the heart not present. And Tenthly—Where hemorrhage occurs prior to delivery, the head or breech presenting. If the foregoing conditions were observed, we would but seldom have to regret its administration.

The ergot may be administered with comparative safety, under somewhat less stringent restrictions than the foregoing; any material departure, however, will involve much uncertainty. In first labors for instance, it may occasionally be given with satisfactory results, although I hold that a clear necessity for its administration very rarely occurs. The uterine contractions in first labors are generally vigorous, and aside from a question of time, capable of effecting the delivery, if the labor be natural.

Where serious organic disease of the heart is present, and the accomplishment of delivery has been left to the resources of nature a reasonable length of time, without success, it will be best to effect the delivery through the use of the forceps, rather than resort to the ergot.

In cases of vertex presentation, complicated with irremediable prolapsus of the funis, where no proscribed condition of importance is present, its exhibition will more probably result favorably, than when administered in breech presentations, especially where the head is delayed in consequence of inefficient pains; for in these cases we have an opportunity of determining the relative diameters of the head and pelvis, which is not the case in breech presentations.

When delivery is accomplished through the influence of ergot, and the placenta cannot be removed by the ordinary means, within thirty minutes, it will be best to introduce the hand, detach and bring it away—longer delay will generally render the case troublesome and difficult.

It has been my custom, when called to a strange case of labor, to inquire whether flooding has followed previous accouchments; if it has, I administer a full dose of ergot just before the head is about to emerge from the vulva, in case it has not been used during the labor. It has never disappointed my expectations, neither have I ever known flooding follow a delivery, preceded by the use of it.

It is no valid argument against the use of ergot, that in a given number of cases when administered even under the proper restrictions, a greater per centage of mortality will result, than in a like number of cases where it is not used; for it may be fairly assumed, that in many of those cases which demand its use in the estimation of the judicious practitioner, if the ergot were withheld, and the cases left to nature or the very probable contingency of instrumental interference, they would terminate unfavorably.

The most formidable objection usually urged against it, is its liability to destroy the life of the infant. In what manner may it produce this result? I answer, in three ways: firstly, by long continued and excessive compression of the head, accompanied or not with injury to the osseous structure; secondly, detachment of the placenta to an extent sufficient to prevent due oxygenation of the fœtal blood; or lastly, by the induction of powerful and continuous contraction of the uterus, so lessening the caliber of its vessels as to suddenly and materially diminish the usual amount of blood going to and coming from the placenta. Taking for granted the commonly received opinion, which holds that the maternal blood does not directly enter the fœtus, but is merely brought in contact with its blood, in the placenta, what would naturally result from this contracted state of the uterine vessels? Asphyxia of course, for the fœtal blood would not receive a sufficient supply of oxygen, neither would it be sufficiently deprived of its carbon to prevent such a result. The different theories generally entertained, that asphyxia when it occurs, results from compression of the placenta or of the chord between the uterus and child; or that the child is some way poisoned by the drug, I consider improbable and unsatisfactory.

The danger to the mother is scarcely secondary when its influence has been markedly exerted, and it fails to accomplish the delivery. I hold the following proposition to be at least defensible: In cases of labor, the vertex presenting, where ergot has been given in due quantity, *and under the proper restrictions*, and fails to accomplish the delivery after having manifested its influence markedly, and for a reasonable length of time, it would be better to resort to the *perforator* than to the forceps, taking into consideration the probable results to mother and child. Under such conditions as are implied by the proposition, the introduction of the forceps is eminently hazardous to the mother, and can but by bare possibility save the child—even though it should occasionally be

born alive. I have been connected with three cases in which the forceps were used, under the conditions stated, by skillful accouchers, and in each and every instance the mothers died within six or seven days, and the infants within two or three, although all were born alive.

Many authors have recommended its administration for the purpose of expelling the placenta. He who follows this advice, without qualification, will soon become skeptical as to its orthodoxy. It is only in cases of uterine inertia, that it will prove of service; on the other hand, if the uterus has contracted, and fails to detach the placenta within a reasonable time, it will be the better plan to introduce the hand at once and bring it away, for if you use the ergot, ten chances to one it will not effect the object, and may at the same time render the detachment by the hand extremely difficult and painful.

To recapitulate, ergot may be used with safety and advantage in labor, under proper restrictions; in flooding following delivery; in retained placenta from uterine inertia; in induction of premature delivery, involving, however, danger to the child; in abortion, more especially to control the hemorrhage, and in menorrhagia. It may also be employed in facilitating the expulsion of false conceptions and hydatids. I once used it in a case of uterine polypus complicated with alarming hemorrhage, with the result of projecting it through the os uteri to an extent which enabled me to detach its pedicle with my finger.

In conclusion, it is my opinion that the advantages resulting from its judicious employment, far outweigh the contingent ill consequences.

ART. IV.—*The Influence which Daguerreotyping exerts upon the Health of Daguerrean Artists; Together with some Observations on Light and Actinism.* By CHALES W. WRIGHT, M. D., of Cincinnati.

It is stated by Chevalier, in the Annals of Public Hygiene, that the vapors of iodine exert no injurious effect upon the health of the workmen engaged in its preparation; but this observation does not appear to hold good in other pursuits, where persons are compelled to inhale the vapors of this substance. Thus there are some phenomena presenting themselves in the art of daguerreotyping, that would seem to indicate that the vapors of iodine, when inhaled for a con-

siderable length of time, produce all of the peculiar effects of that agent when administered by the mouth. It must, however, be borne in mind, that besides iodine, the chloride of iodine, bromine and hydrofluoric acid are employed in the photographic art, and that the vapors of these bodies are floating in the atmosphere along with that of iodine; and as these substances belong to the same class, and when administered produce similar effects on the system, may contribute also, to the appearances observed.

The influence which these vapors exert on the respiratory apparatus.—The most striking effect is the continual clearing of the throat. This the operator is frequently not aware of himself, until his attention is called to it. This symptom appears not to result from irritation or inflammation of the respiratory passages, but seems to be caused by thickening of the bronchial mucous. The same symptom is frequently induced by inhaling chlorine. Occasionally there is considerable difficulty in dilating the chest, but where the rooms are well ventilated, this is rarely observed. Inflammation has never been observed as a result of the inhalation of these vapors, as they are ordinarily diffused in the operating room. Some operators mix their compounds by the sense of smell, and not by weight or measure.

Effects on the brain and nervous system.—These vapors frequently produce determination to the brain and vertigo. Sometimes a species of intoxication is observed, where the fumes are very strong, but this is not common. These effects speedily disappear by exercise in the open air.

Effects on the sight.—Irritation and chronic inflammation of the conjunctiva are sometimes observed. This membrane is so sensitive to the vapor of iodine, that many operators can detect its presence in the operating room more readily by its effect on the eyes, than by the sense of smell. It exerts no influence on the sense of hearing and touch.

On the appetite.—It very frequently diminishes the appetite, and in no case have I ever known it to be increased.

On the bowels.—It exerts no perceptible influence on the condition of the bowels.

On nutrition.—It has not been observed to cause emaciation, nor any decided increase of flesh.

On the salivary secretion.—In no case was salivation observed, but very frequently dryness of the mouth and fauces was complained of; at the same time the secretion of the nose was diminished.

On the kidneys.—The urinary secretion did not appear to be either increased or diminished. The urine passed when the operator is actively engaged in coating plates, always contains iodine, and by operating on a considerable quantity at a time, I never failed to detect its presence. In some cases there is considerable irritability of the bladder, and in one instace, the individual could not retain his urine for a longer period than two hours.

On the skin.—The skin does not appear to be much affected by these vapors. In one instance, however, the eruption, which is sometimes observed to result from the use of iodine, made its appearance. This person was sent to the country, when in the course of three weeks the eruption disappeared, but on returning to the same pursuit, it again developed itself, and the individual is at the present time affected with it.

On the genital organs.—These vapors sometimes act as an excitant to the genital organs. In some instances this excitement was followed by an almost total extinction of the sexual appetite. In one case there was an absorption of one of the testicles, with atrophy of the other.

It will be observed that all of the foregoing appearances are those that can be produced by the administration of iodine alone, and it would seem to be the active agent in these cases; but the bromine and chloride of iodine may, and probably do, contribute to the same result.

The mercury which is employed to bring out the image, is so small in quantity as never to produce the symptoms of mercurial poisoning; at least I have never noticed it, or heard of its producing a bad effect.

In galvanizing the silver tablets, the fingers are sometimes plunged into the solution of cyanide of silver, which induces a painful ulceration around the nails, which however, speedily disappears by proper treatment.

The above is the result of three years investigation of this subject, and the facts are gathered from the history of forty-three daguerrean artists, who have been in the business for periods varying from two to twelve years.

Before leaving this subject, I would call the attention of the profession to the subject of *Actinism* and *Light*, as these promise above all others, to give us a clearer insight in regard to the influence which the atmosphere exerts upon health and disease, than any other branch of natural science.

It is found that the actinic force is influenced by the sea-

sons, temperature, the quantity of light which is transmitted through the atmosphere, and other causes which are not well understood. Thus, the quantity is greater in March and April than at any other period of the year; and Prof. Draper states that in his progress from New York to the southern states, he found it to diminish; and this is in accordance with the experience of daguerrean artists. The extinction of actinism in the atmosphere is not the same as that of light. Thus on certain dark, close days in the spring, the actinic force is much less than it is when the air presents a more hazy appearance. There is, also, a very marked difference in the atmosphere of the city compared to that of the country, in regard to extinctive power. When a given amount of change is produced on a sensitive surface in the country in two seconds, it will frequently require thirty seconds to produce the same effect in the city, under the same circumstances. The extinctive power of the atmosphere of Cincinnati is about twice that of Louisville; and the atmosphere in the vicinity of Harrodsburgh Springs, Ky., possesses a less extinctive power than that of any other locality which has been examined in the west.

Electrical action is quickened by actinism, and I found by making a sensative plate a part of the galvanic circuit, that the action of actinism was favored by the electrical current.

It is to be hoped that some one who has the proper apparatus, will investigate the magnetic properties of oxygen in its relation to actinism, as these subjects must have a very important physiological bearing.

The following is a summary of our knowledge of solar radiations, by Prof. Hunt:

"1. The rays having different illuminating or colorific powers, exhibit different degrees and kinds of chemical action.

"2. The most luminous rays exhibit the least chemical action upon all inorganic matter. The least luminous and the non-luminous manifest very powerful chemical action on the same substances.

"3. The most luminous rays influence all substances having an organic origin, particularly exciting vital power.

"4. Thus under modifications, chemical power is traced to every part of the prismatic spectrum; but in some cases this action is positive, *exciting;* in others, negative, *depressing.*

"5. The most luminous rays are proved to prevent all chemical change upon inorganic bodies exposed at the same time to the influence of the chemical rays.

"6. Hence actinism, regarded at present merely as a phenomenon different from light, stands in direct antagonism to light.

"7. Heat radiations produce chemical change in virtue of some combined action not yet understood.

"8. Actinism is necessary for the healthful germination of seed; light is required to excite the plant to decompose carbonic acid; caloric is required in developing and carrying on the re-productive functions of the plant.

"9. Phosphorescence is due to actinism, and not to light.

"10. Electrical phenomena are quickened by actinism, and retarded by light."

ART. V.—*Epidemics of Miami County Ohio.* By G. VOLNEY DORSEY, M. D. of Piqua, Miami Co. Ohio.

TO GEORGE MENDENHALL, M. D.

Dear Sir—

I propose to offer to you, as chairman of the committee of the American Medical Association, on the epidemic diseases of Ohio, Indiana and Michigan, a few remarks on the principal epidemics of Miami county, Ohio.

The topography of this county is similar to that of the other counties of the Miami valley. The face of the country is agreeably diversified, but there are no lofty ranges of hills, nor are there any very extensive tracts of flat or unbroken ground. The banks of the streams are sandy and very fertile, while on the high grounds the soil is composed of more clay, with less vegetable mould. The whole county abounds in secondary limestone rock under-lying the clay and soil of the uplands, and forming the channel of nearly all the creeks and rivers. This stone is exceedingly rich in fossil remains, and opens a fine field to the geologist and paleontologist.

No particular difference is found to exist as a general rule between the epidemics of the alluvial bottoms, and those of the upland, though miasmatic fevers are more common in the former than in the latter locations, and the same observation may be made here, which is found, I believe, to present itself throughout the west, that those inhabiting the eastern side of streams are more liable to miasmatic affections than those located on the western border. This is attributable to the fact that most of our streams overflowing their banks in

the winter and spring, are almost entirely dried up in the summer and fall, and at this season westerly winds prevailing, the miasma produced by the rays of a burning sun, acting on the denuded vegetable decay accumulated in their beds, is driven directly on the eastern bank; many lofty, beautiful and picturesque situations, overhanging the eastern bank of the Miami river, are thus rendered almost uninhabitable from the yearly occurrence of autumnal intermitting and remitting fevers.

We may consider then, intermittent and remittent fevers, as the great epidemics of this region. They occur in almost every possible form, from the ordinary tertian ague, to the most severe congestive or inflammatory remittents. The inflammatory type of fever is, however, much less frequent here, than it was fifteen or twenty years since, and our autumnal fevers at present, seldom require or admit the use of the lancet, manifesting a tendency to a low or typhoid grade, especially as the season advances, and the nights become cool and frosty. Nothing particularly new can be advanced on the treatment of these diseases. In the commencement, emetics and mild mercurial cathartics, together with the early and persevering use of sulphate of quinine, constitute the most effective and rapid curative means. I have, I think, some new ideas on the powers of ipecachuana in these and several other diseases, which I propose shortly to give to you through the columns of the Lancet. I am convinced that it possesses powers which have not yet been sufficiently developed or appreciated. Masked intermittents of every variety are common; the most usual form is that of frontal neuralgia, known in common parlance as *sun pain* from its making its quotidian attacks usually about the hour of sun rising.

From some remarks on a peculiar variety of gastric fever occurring at times in the northern and north-western parts of Miami county, I refer you to a communication of mine in No. 2, Vol. 6, Western Lancet, 1847, it has some peculiarities which are perhaps worthy of notice.

Typhoid fever during the winter has for the last five or six years, been a common disease, it does not present any new or peculiar features, and is not generally fatal, unless where its course is too much disturbed by improper medication. From careful observation, I am convinced that the disease will generally run its course in from thirteen to twenty-one days, and that the office of the physician is not to attempt to cut short this course, but carefully to watch its progress, prevent local

congestions or determinations, by removing all causes of irritation, and assist the efforts of the system to throw off the disease. To this end the bowels should be carefully regulated, the circulation equalized, only the mildest and least irritating ingesta permitted, and a drain by blisters opened at such point, as will most effectually meet any threatened determination. More fatal effects have been produced by the ill judged attempts of practitioners to arrest typhoid fever than can be easily atoned for. Quinine, the favorite remedy of the western physician, is in typhoid fever almost uniformly injurious.

Cholera infantum, is in our towns and villages, an exceedingly prevalent complaint,—attacking children usually during their second summer,—sometimes proving fatal, though not so frequently as in large cities,—very often prolonging its attack for several months, but usually disappearing when the first frosts of the autumn appear. In addition to the ordinary internal remedies, I find bathing in strong salt water, blood warm, every night, especially when the disease becomes chronic, one of the best means for arresting its progress, and one which enables us to dispense with the use of much medicine. I have remarked for many years that children born during the winter months, are not so subject to this disease as those born at other seasons of the year. I have not seen this *fact*, if it is one noticed; it may perhaps be worthy of note.

Dysentery is a common disease here, as in all miasmatic regions, although we have had only *two* extensive and serious epidemics during my residence in the county, the first in 1835, of which you will find a notice in some of the early numbers of the Lancet, and one in 1850; still few seasons pass in which we do not find more or less of the disease. The treatment as a general rule has been that which is commonly pursued by the profession, though I think in this disease particularly, the good effects of minute doses of ipecachuana, have been too much overlooked. I have derived the greatest benefit from a solution of ipecac, gr. v. in one pint of rain water, giving a table-spoonful every hour, it allays thirst and febrile excitement. and produces much comfort to the patient; still I regard it only as *one* important remedy, and not to be depended on to the exclusion of other means. In the epidemic of 1850, the pain, tormina, and other distressing symptoms were more promptly allayed by doses of olive oil, combined with opiates, than by any other treatment, and these remedies with mild doses of mercurials given occasionally, to keep up the proper biliary secretion, were almost uniformly successful.

That this disease is much more unmanageable in children under five years of age than in those beyond that period and in adults, is an observation which has forced itself on the attention of every physician; this perhaps, arises from the greater irritability of the mucous membrane of the stomach and bowels at this period, and perhaps also from the fact that opiates are not so well borne, but produce more irritation of the nervous system, than they do at a more advanced age.

Erysipelas, in a more or less epidemic form, has been a common disease in our county for six years past, prevailing generally in the winter, and always more severe in its attacks at that season. Its attacks are not confined to any age, nor have I been able to perceive any proofs of contagion in its progress, though it frequently attacks several members of the same family simultaneously or consecutively. The ordinary remedies used by our physicians, are cauterizing the skin with nitrate of silver to circumscribe the inflammation and ice-cold applications of lead or coperas water for subduing the swelling, heat and pain. In the erythematous form which is less common, the caustic is useful for circumscribing the disease, and the best local application is the ung. hydrargyr. fort. This disease is almost uniformly attended with a highly bilious state of the system, hence in the onset of the disease, emetics and mercurial cathartics are indispensable, and the former especially are frequently repeated with advantage in the course of the disease.

Having thus glanced at some of the principal epidemics of this upper portion of the Miami valley, I will call your attention to some of the changes which of late years have taken place in our diseases. I have already said that typhoid fever and erysipelas are diseases which have appeared among us as epidemics, only in the last five or six years. The same may be said of typhoid pneumonia, commonly known as winter fever, which has only been prevalent for the last ten years. It would perhaps be in vain to attempt to trace the causes originating these new forms of disease, but we may remark that the type which prevails in them, has been for several years manifesting itself more or less in all the fevers of the country. The grade of fever throughout the Miami valley, is decidedly lower at present, than that which prevailed here fifteen or twenty years past, and this change has been made slowly and gradually, as the face of the country, the character, habits and mode of living of the population have changed; very few cases of our autumnal fevers now

demand the use of the lancet, formerly found almost indispensable in their treatment; the use of repeated active cathartics which formerly produced undoubted benefit, is now forbidden by the tendency to diarrhœa, and the increased irritability of the mucous membrane of the alimentary canal. I used for several years in my early practice, with the best effects, a cooling diaphoretic of nitrate of potassa and tartrate of antimony, which I have for some years past been obliged to discontinue from its irritating qualities; even the Dover's powder, I have scarcely used for the last six years, finding it liable to the same objection. Two facts have urged themselves on the notice of the practitioner, increased irritability of the system, and decreased tolerance of active depleting remedies in the treatment of disease. This may account to some extent for the introduction of new diseases, as well as for changes in the character of those already known; certain it is that the type of those diseases which have more recently made their appearance, is less inflammatory and lower in grade than was generally found in those which prevailed at an earlier day, and seems to mark an increased delicacy of living, and the introduction of those luxuries which tend to enervate the constitution, while they banish from among us those strong and robust frames, which formed as it were the pabulum of diseases of a higher grade of action. In connection with this subject of the introduction of new diseases, we may be permitted to mention the increased amount of scrofulous disease, in all its varied shapes and forms which meets our view in daily practice. Prominent among the diseases belonging to this diathesis, we place phthisis pulmonalis, which has for many years been steadily and rapidly on the increase, until it has become truly alarming by its frequency. Many cases of typhoid pneumonia, prevailing now every winter, terminate in confirmed disease of the lungs, and hurry their subjects to a premature grave. This tendency to scrofula seems but a continuance of the action of the same causes which have introduced new diseases, and have changed the type of those already in existence. Scrofula indicates always an ataxic disposition of the system and developes itself only in constitutions more or less debilitated; we do not look for it in the vigorous and robust, where all the functions of nutrition and assimilation are duly performed.

I have thus, my dear sir, given you a brief summary of the principal epidemics of this region, with their peculiarities and the treatment which is most generally adopted in their

cure, you will perhaps find in it nothing very new or interesting; it is a subject which has called forth the pens of many writers in its various departments, but it is a field in which there is yet much to be discovered, much to be learned, and which will always yield an ample return to the diligent and careful cultivator. I trust the data furnished by the physicians of the states which are the subjects of your investigation, may be such as will enable you to make a full report on this interesting department of medical science.

PIQUA, *Feb.* 20*th*, 1852.

PART II.

REVIEWS AND NOTICES.

ART. VI.—*Principles of Pathological Anatomy, adapted to the Cyclopedia of Practical Medicine and Andral's Elements; with Two Hundred and Sixty beautifully colored Illustrations.* By J. HOPE, M. D., F.R.S., Physician to the St. Mary le Bone Infirmary; author of "Hope on the diseases of the Heart," &c. Second American Edition. Edited by L. M. LAWSON, M. D., Professor of Physiology and Pathology in the Medical College of Ohio, formerly of General and Pathological Anatomy and Physiology in the Transylvania University. Cincinnati: J. F. Desilver. 1852.

It is with great pleasure that we find the demand for this work has been such as to justify the re-engraving of the valuable plates connected with it, and the issue of a second edition. The study of Pathology is rapidly assuming the importance which its relation to practical medicine demands; and the issue of a work containing accurate and well colored plates, illustrative of Morbid Anatomy, at a price within the reach of all physicians and medical students, is a great object. The volume before us furnishes the desideratum required. Practitioners seldom have opportunities to make sufficiently extensive observations on morbid specimens to become familiar with their appearances without the aid of plates; these should therefore possess the important requisites of fidelity. The drawings in the present instance have been taken from recent specimens by the author, and may therefore be relied upon for correctness. The profession is under great obliga-

tion to the American Editor and Publisher, for the faithful accuracy which characterizes the reproduction of the work; and we are proud to say that western artists have not been wanting in the manner which their task has been executed. The engraving and coloring are very perfect copies of the original. We can recommend physicians and students to possess themselves of this work without delay, with the assurance that they will not be disappointed.

For sale by J. F. Desilver, Main st. Cincinnati.

M.

PART III.

FOREIGN SUMMARY.

1.—*Curative treatment of Aneurism of the Aorta.*

We reproduce such portions of a valuable practical essay on this subject, by Dr. O'B. Bellingham, as most plainly set forth his mode of treatment.

The indications of treatment in aneurism are—

1. To diminish the distending force of the blood from within, by which the further enlargement of the sac will be prevented, and it will be placed under a favorable condition to contract.

2. To endeavor to strengthen the parieties of the sac by favoring the gradual deposition in its interior of the fibrin of the blood which passes through it, by which the risk of its rupture will be diminished.

3. To endeavor to maintain the continued deposition of fibrin in the sac, until it is filled, and no longer permits the entrance of blood.

4. To bring about these results without deteriorating the quality of the blood, or diminishing too much the patient's strength.

The plan of treatment which appears to be best calculated to fulfil the indications in view is almost essentially dietetic. It consists in limiting the patient, for a given period, to the smallest quantity of fluid possible; in diminishing considerably likewise the solid aliment; in confining the patient at the same time to bed, and endeavoring to maintain the mind in as tranquil a state as possible. Dr. Bellingham is neither an advocate for bleeding or purgatives (except occasionally, if required), nor for diuretics or digitalis, or any of the other medicines which have been used in this disease, with the exception of opium, and this only when sleep is prevented by pain.

By confining the patient to the horizontal posture, the circulation is tranquilized, and the heart's action becomes slower. When this is combined with a small quantity of solid nutriment, and a still smaller quantity of liquid, the heart's action will become slower, and the pulse compressible, small and soft. Its effect upon the blood will be to render this fluid thicker, as the watery portions are excreted by the kidneys and skin. Thus, less blood will pass through the aneurismal sac; and as the muscles are not exercised, there is no waste of fibrin in supplying them.

The diet constituted an important item in the treatment of aneurism advocated by Albertini and Valsalva, where a very low diet was combined with copious and frequent blood-letting. Some modern writers, likewise, recommended certain restrictions in this particular, but they have been content with general directions under this head. We shall not be able to effect much, unless precise directions as to the exact quantity and kind of food are laid down. Dr. Bellingham would limit the patient to three meals a day, the morning and evening meal to consist of two ounces of liquid, and the same of solid nutriment; the mid-day meal of from two to four ounces of liquid, and from two to four ounces of solid. The liquid may consist of milk or tea, the solid of bread; and at the mid-day meal, of bread and meat in equal quantity. No deviation from this dietary should be permitted, and it must be persevered in for a fixed period—six weeks or a month at least; when it may gradually be improved. If the patient is weighed on commencing it, and this done occasionally afterwards, we shall have a guide as to the advisability of continuing it, or of improving it.

This plan of treating aortal aneurism is not proposed on purely theoretical grounds. It is applicable not only to aneurism of the thoracic and abdominal aorta, but to all those cases where the sac springs from a branch of this vessel, and is beyond the reach of surgical inteference; as to aneurism of the innominata, of the subclavian, and of the carotid at the root of the neck, as well as to aneurism of the common iliac. Dr. Bellingham has employed it, but for a shorter period, with much advantage, as a preliminary to the application of compression in popliteal aneurism.

In a mode of treatment such as this, success will of course depend in a great measure upon the perseverance with which it is carried out. It is, therefore, necessary that the patient should be made aware of the dangerous nature of his disease;

as he will be more likely to submit cheerfully to the restriction. Indeed, unless he co-operates in carrying out the treatment fully and fairly, it can never be effectually maintained.

It might be objected that the tendency of so very restricted a diet is to produce a state of anæmia; but this result is scarcely to be feared, unless blood-letting is employed.

Dr. Bellingham relates a case in which this treatment was carried out with great success. We subjoin the state of the patient at the commencement, and at the end of the treatment.

Case. P. D., aged 50, admitted April 19, 1849. He now suffers principally from pain and cough; the pain commences at a point at the upper part of the right side of the chest, near the sternum, where a pulsation is visible; it darts through the chest to the scapula on the same side, and extends also to the axilla and right arm, sometimes reaching to the fingers, generally not extending below the elbow. He describes this pain as being most severe at night. He complains of pain on pressure over the site of the aneurism; he cannot bear percussion there, and the application of the stethoscope even causes pain; this is likewise much increased by coughing, but particularly by sneezing.

For the last three weeks, he has been unable to lie upon the left side; can lie upon the right, but he prefers lying upon the back.

On examination, a pulsation is felt, and seen to the right of the sternum, above and below the junction of the cartilage of the third rib with this bone; no tumor is prominent upon the surface, but the pulsation is well marked. This part is very painful to the touch, and to it particularly the patient refers the pain which he suffers on coughing. On placing the hand on it, the pulsation is felt to be double; on placing one hand upon the sternum and the other upon the right scapula behind, a heaving of the chest is perceived with each ventricular systole.

On auscultation over the aneurism, a loud double sound is audible, which is synchronous with the double impulse, and resembles accurately the double sound of the heart; it diminishes in intensity as we approach the heart; no murmur accompanies either aneurismal sound. The heart's action is strong, and felt over a large surface; the impulse of the apex is lower down than natural, towards the epigastrium; its sounds normal. The pulse 80, regular, having the same strength in both wrists; the inspiration is bronchial over the site of the aneurism; the expiration not altered.

June 28.—The patient has been up now for some days; he feels weak, but makes no complaint of pain or uneasiness; the pulse is 80, and small in the sitting posture; the carotids are observed, and felt to pulsate strongly; slight jugular pulsation is observed above the clavicles; no pulsation is visible to the eye at the site of the aneurism, but a slight movement is perceptible in that part of the chest when the hand or stethoscope is laid on it, but is unlike that of an aneurism. On auscultation, the double sound is well marked over the seat of the aneurism; no bruit accompanies the first sound, but a a slight bruit is audible at one point with the second sound.

He was soon discharged from the hospital; and, when seen by Dr. Bellingham recently, he had continued in a satisfactory state, and had been able to follow his employment as a shoemaker from the time of his dismissal.

The following are the conclusions with which Dr. Bellingham sums up his paper:

1st. Aneurism of the aorta is not necessarily an incurable disease.

2ndly. It appears to be more amenable to curative treatment than is ordinarily supposed.

3dly. Treatment ought always to be especially directed to this object.

4thly. When a spontaneous cure occurs, it is always by the gradual deposition of the fibrin of the blood in layers within the aneurismal sac until it is filled up.

5thly. If we hope to succeed in effecting a cure, it must be by imitating the mode in which nature brings this about.

6thly. In order to favor the gradual deposition of fibrin, we should aim at diminishing the mass of blood, and lessening the strength and rapidity of the current through the aneurismal sac.

7thly. This can only be indirectly accomplished by acting upon the general circulation.

8thly. Neither bleeding, purgatives, diuretic, digitalis, nor the various other remedies which have been employed in this disease, can be depended on for producing these effects.

9thly. An extremely restricted diet, particularly in fluids, continued for a certain time, appears to have the effect of rendering the pulse small, compressible, and slow, and at the same time diminishing the mass of blood.

10thly. The cases related afford evidence that these results may be brought about by treatment conducted upon the foregoing plan.

11thly. This method of treatment, to prove effectual, must be steadily and perseveringly carried out, and must be continued until a decided impression is made upon the disease.

12thly. It is adapted not only to aneurism of the thoracic and abdominal aorta, but to aneurism in any of the immediate branches of these vessels. And if employed as a preliminary to compression, pain will be diminished, and the duration of the treatment considerably abridged.—*London Journal Med. May*, 1852.

2.—*Gradual Reduction of Herniæ long Irreducible.*

M. Malgaigne adduces (*Rev. Med. Chir.*, t. x. p. 179), two new examples of the efficacy of his plan of reducing old and voluminous herniæ. This consists in subjecting the patient to a very low diet and purgation, applying ice or cold poultices to the tumor, and employing the taxis daily. One of these cases was an enormous inguinal enterocele, which had remained unreduced for several years, and now equalled in circumference the size of an ordinary hat. Complete reduction was obtained after continuing the above means for seventeen days. The other was an inguinal entero-epiplocele, which had remained unreduced for seven years, and was reduced completely in six days.—*Lon. Lancet, June* 5, 1852.

3.—*Tracheotomy in Croup.*

M. Trousseau, in a series of papers in *L'Union Medicale*, (1851, No. 100), relates the cases in which he has most recently performed tracheotomy for croup. Adverting to his entire experience upon the subject, he states that he has performed this operation altogether 169 times (11 for chronic disease of the larynx, and 158 for croup); and that 43 of these cases, or a little more than a fourth, have recovered. Among his last 18 cases, however, there have been eight recoveries, or nearly one-half. The results obtained at the *Hopital des Enfans* have not been less satisfactory of late; for, of 19 cases operated upon, between January and August, 1851, one half recovered; and M. Guersant has been as successful in his private practice. M. Trousseau believes that one reason of the greater success in later years is, that now the principles of treatment in these cases are better understood; the children

are brought to the hospital in a less exhausted state, their powers not having been lowered by the application of leeches and blisters, heretofore so common. Still more importance, however, does he attach to the modifications he has made in the treatment after opening the trachea. Thus, he has discontinued the application of a strong solution of nitrate of silver to the trachea and bronchi, which he used formerly to insist upon. He now, too, employs a double canula, so that the inner one may be taken out and cleaned when necessary, without disturbing the other; and, after the wound is dressed, he covers all the parts over with a cravat, and thus avoids the difficult expectoration and desiccation of the mucus which occured when they used to be left exposed.—*B. and F. Med. Chirurg. Rev., April*, 1852.

4.—*Eaters of Arsenic.*

A letter from Vienna, dated Oct. 28, 1851, to the *Gazette des Tribunaux*, has the following details:

A few days ago, the assizes opened at Colli, in Styria. Among the cases, was that of a charge of poisoning. The victim was an old soldier, named Wurtzel, who died suddenly in the month of May last, and in whose stomach, on examination, arsenic was found. The Vienna newspapers, in giving an account of the case, report that the court in submitting it to the jury, presented the following question: "Was the deceased an arsenic eater?" To which the jury replied, "Yes, he probably was."

This question and answer have excited great interest, and it was at one time supposed that the report was altogether suppositious or erroneous. But the following explanation is now given on good authority: In the province of Lower Austria and of Styria, bordering on Hungary, it is quite common with men to chew particles of arsenic, mixed with their bread, very much like the Chinese chew opium. The absorption of the small quantity thus used, induces a fresh and clear complexion, and, to a certain extent, brightens the intellectual faculties; but with those who make a habit of thus eating it, there follow, before long, debility and a premature death. Females do not at all indulge in it, and the few men thus distinguished, are known by the name of *eaters of poison.*—*Journal des Connaissances Med. Chirurg., Dec.* 16, 1851.

5.—*Case of Wound of the Abdomen.* By Archibald Blacklock, late Surgeon R. N., Dumfries.

While some boys were bathing in the Nith, on Saturday, 10th April last, one of them, James Wilson, between 9 and 10 years of age, fell upon a broken wash-hand-basin, which inflicted a wound in the abdomen, extending from a little below the umbilicus, three inches down the linea alba, or, in other words, nearly to the pubis, through which the greater part of the small intestines, the transverse arch of the colon, and the omentum, immediately protruded. When I first saw him, he had been lying upon the bank of the river upwards of an hour, and the protruded parts, which were chiefly hanging over his left thigh, had evidently been in contact with the ground, for a considerable quantity of sand, withered grass, and other extraneous matters, adhered to them; and, from long exposure to the atmosphere, and fruitless attempts on his own part to force them back into the abdomen, they had become of a deep red color. Twenty minutes more elapsed before a supply of warm water and a sponge could be procured from Nunbunk House, the nearest residence; and the washing of the intestines and mesentery, which was chiefly done by allowing the water to flow over them from the sponge, also occupied a considerable time before they could be replaced, as the poor boy complained, in the most pitiable and distressing manner, when the parts were much touched with it, and occasionally said, in a whisper, "Just kill me." The reduction even was by no means so simple and easy a process as some might suppose; for it frequently happened that patches of sand, etc., which had not previously been observed, were brought into view, as convolution after convolution of intestine was about to be replaced, and of course had to be washed off before the operation could be proceeded with. I may therefore safely say, that it was fully an hour and a half from the time that the intestines were immersed in the cold river until they were fairly returned into the abdominal cavity. The whole, however, being replaced, and the omentum spread out, so as to come as much as possible between the intestines aud the external wound, the lips of the latter were immediately approximated, and secured in contact by three interrupted sutures, which were afterwards supported by strips of adhesive plaster. The unfortunate boy was now conveyed to his father's house in Dumfries, about a mile from the place where the accident occurred; and three hours after,

when reaction had fairly commenced (for, in the first instance, or at least from the time of my arrival, he was pale and almost pulseless, although little or no hemorrhage had taken place), twelve leeches were applied, and a grain and a half of calomel, combined with one-twelfth of a grain of opium, directed to be given every two hours.

April 11th, 9 A. M. Has passed a pretty quiet night. Leeches bled freely, encouraged by warm fomentation; pulse 124, and of moderate strength and fulness; abdomen is tense, tender, and tympanitic; complains of thirst, and occasionally vomits soon after drinking; has made water twice; twelve more leeches to be applied to the abdomen, and the calomel and opium continued. 1 P. M.—Pulse 140; complains of no uneasiness, unless the abdomen is touched; thirst urgent; still occasionally vomits after drinking; the bleeding from the leech bites has been very copious. 10 P. M.—Is much in the same state as at last visit; pulse 144.

April 12th. Has had another quiet night, and feels quite easy when not moved or meddled with; pulse 122, and of moderate strength; skin comfortably warm and soft; tongue rather moist; thirst, however, continues, and he still vomits the milk and water, which he prefers for drink, but not so often as formerly; urine abundant, and of normal appearance; tension and tenderness of the abdomen have not increased, and the edges of the wound remain in contact. 6 P. M.—The tension and tenderness of the abdomen have evidently increased since morning; pulse 124; apply ten leeches, and continue the calomel and opium. 9 P. M.—Leech bites bleeding freely; abdominal tension and tenderness rather less; pulse 122.

April 13th, 10 A. M. The swelling and tenderness of the abdomen considerably diminished; pulse 114, soft, and natural; thirst less; urine copious; gums tender. Calomel and opium to be discontinued; has taken altogether forty-five grains of the former, and two and a half grains of the latter. 9 P. M.—Progresses favorably; pulse 104.

April 14th, 11 A. M. Has had a good night, and says that he feels quite well, and is very hungry; pulse 104, and rather full, thirst moderate; urine still copious, but the bowels have not moved since the accident; had an evacuation, however, shortly before that event. To have a little arrow-root at any time he may wish to have it. 9 P. M.—Pulse 94; tongue moist and clean. A suppository of common brown soap to be placed in ano.

April 15th, 10 A. M. Bowels have moved three times since yesterday evening; evacuations of a healthy character; no discharge from the wound, and the dressing has not been interfered with.

April 17th, 10 A. M. Removed the plaster and sutures; wound seems well and permanently closed—nicely healed by the first intention, except at one point, where a little of the omentum, not larger than a garden pea, protrudes; touched this with nitras argenti; appetite good. To have beef-tea and bread.

April 18th. Has had no evacuation from the bowels since the 15th. To have a gruel enema, and to be allowed porridge and milk morning and evening.

April 19th. The bowels have moved twice since yesterday, when the enema was administered, both evacuations of natural appearance, and well formed. From this period he daily gained strength. On Monday, 5th May, returned to school; and up to this date continues perfectly well.

Remarks.—The above case of wound of the abdomen, with free protrusion and long exposure of the intestines—not to speak of their being previously immersed in cold water, and afterwards covered with sand and dirt—appears to me worthy of being recorded, as it furnishes a good instance of perfect recovery under very unfavorable circumstances; and shows what may sometimes be expected and prognosticated, even in the worst of cases, provided the coats of the intestines have not been penetrated, when the protruded parts are carefully replaced, the wound closed, and the patient frequently seen and prescribed for (but not too officiously), as symptoms seem to indicate. In this instance the patient had enjoyed excellent health up to the time of the accident, and possesses a fine quiet amiable temper. Indeed, a more tractable and heroic patient never came under my observation, either at home or abroad, in peace or war; and his composed state of mind no doubt greatly facilitated the healing and restorative process, and conduced to his rapid and complete recovery. The total prohibition of food, if we except the milk which was mixed with his drink, during the first four days, and strictly avoiding the employment of purgatives during the whole treatment, are also circumstances not to be overlooked. —*Edinburgh Monthly Journal.*

PART IV.

AMERICAN SUMMARY.

1.—*Report on the action of Cochituate Water on Leaden Pipes, and the Influence of the same on Health.* By JACOB BIGELOW, M. D.,

The committee appointed by the Society of Medical Improvement in Boston, for investigating the question of the occurrence of any diseases attributable to the presence of lead in the aqueduct water introduced into the city, from the Cochituate Lake, in January last reported as follows:

That from an extensive inquiry among physicians, and also from the bills of mortality, they are led to believe that the health of the city of Boston has been uncommonly good during the last two years, and they have not learned that any well-marked cases of the diseases usually attributed to lead, have occurred, which were not traceable to some other cause than the use of Cochituate water drawn from leaden pipes.

It appears from the experiments of Professor Horsford, that the water of the Schuylkill and Croton rivers, and of Jamaica and Cochituate Lakes, acts upon the surface of the lead so as to take up a small portion of that metal during the first two or three days of its contact. But after a few days the surface of the lead becomes coated with an insoluble compound which protects the lead for the most part from the further action of the water. Nevertheless, traces of lead are reported to have been found by various chemists, in specimens of some of these waters, when greatly reduced by evaporation.

In consequence of the extensive made use of lead for various economical purposes, no person in civilized society can expect to escape from the reception of that metal in minute quantities into the body. The presence of lead in the paint of dwelling-houses and furniture, of water-buckets and other

culinary apparatus, in vessels made of leaden alloys or soldered with the same, in the lining of tea-chests, in flint-glass, and in the glazing of coarse pottery, furnishes but a part of the examples which indicate our exposure to receive this metal in our daily food. To these examples it may be added that physicians give lead to their patients sometimes for weeks successively, and apply solutions and solid compounds of the metal to absorbing surfaces for longer periods; that persons are known to carry shot and bullets in their flesh during a long life; and finally, that reliable chemists testify that lead exists in the solids and fluids of man, and in those of some of the animals on which he feeds.

From all these facts we are authorized to draw the conclusion that, in the present state of our knowledge, the presence of lead in a very minute amount, like the presence of other substances in infinitessimal quantities, is inoperative upon the living body.

It is a general law known to medical men, and to which there are not many exceptions, that diseases and symptoms produced by specific metallic agents, such as mercury, lead, and arsenic, do not cease until after the withdrawal of those agents. But it appears from the records of the Massachusetts General Hospital, during the last twenty years, as well as from the private experience of physicians, that many cases of lead colic and paralysis, acquired by persons who work in that metal, have got well under the daily use of water delivered from leaden pipes. This would not probably have been the case did the water contain any deleterious amount of lead in solution or suspension.

The principal diseases ascribed by Tanquerel, and some subsequent writers, to the presence of lead, are colic, paralysis, arthralgia and encephalopathy. Of these the committee have not been able to learn that there has been any sensible increase in this city since the introduction of Cochituate water. Of lead colic, but one case has entered the hospital during the last two years, which is a smaller proportion than the average of the preceding twenty years. Of lead paralysis there have been but two cases within the same period, both occurring to workmen in lead. Of arthralgia or pain in the joints or limbs directly traceable to lead, it is believed there have not been a sufficient number of cases at any time to attract extensively the notice of our physicians. As to encephalopathy, a general term used by some writers to express cerebral disease, and including coma, delirium, convulsions,

&c. there is apparently no more reason for attributing it to lead, than consumption, fever, or any other common disease which may happen to occur among lead workmen.

It is obvious to a medical reader, that many of the cases detailed by writers on lead diseases are coincidences rather than consequences; and, therefore, do not furnish a ground for general laws. Such is the case when persons have been supposed to have contracted lead diseases by sleeping in newly painted apartments, where, unless the lead were volatile, it could not leave the walls to enter the bodies of the patients. It is also the case when solitary examples of common diseases are ascribed to lead, when it is known that they more frequently result from different causes. It is also often the case when the reports of credulous and incompetent observers are received as scientific authority.

In a late "English report by the Government Commissioners on the chemical quality of the supply of water to the Metropolis," of London, made in 1851, by Drs. Th. Graham, W. A. Miller, and A. W. Hoffman, men of high standing in the scientific world, an investigation is made of the condition of the various waters now supplied to that city. In this report, the commissioners state (page 32) that "no recent or authenticated case can be cited of the health of any of the numerous towns lately supplied with soft water, being affected by the use of leaden distributing tubes." Again, on page 33, the commissioner say: "We are disposed, therefore, to conclude that the danger from lead in towns supplied with water, has been overrated; and that, with a supply from the water companies, not less frequent than daily, no danger is to be apprehended from the use of the present distributing apparatus, with any supply of moderately soft water which the metropolis is likely to obtain."

On the present occasion it is by no means intended to deny the well known fact that certain acid liquors, also that the water of certain springs and wells, may and do act upon and even dissolve lead in such quantities as to prove injurious to human health. It is also possible that at certain seasons, and under certain circumstances, the soft water of lakes and rivers may contain organic or other products, which may take up in solution a minute portion of the pipes through which they pass. And it may even be conceded as possible, that a few susceptible and predisposed individuals will get lead diseases while using this water. Nevertheless, lead is a very convenient material to be used in aqueducts. It is more cheaply

manufactured, more conveniently applied, and more readily repaired, than any other material. And while this is the case, mankind will not be prevented from employing it. The general law derived from the experience of the large cities of this country and of Europe is, that its employment for the conveyance of soft water is safe. To this law the few recorded cases of disease, as far as they are genuine, must be regarded as exceptions. And it should be borne in mind that nearly all the great agents which minister to the physical happiness and improvement of man, are fraught with more or less danger. Ships and railroads, fire and water, food and medicine, destroy annually multitudes of our species. Nevertheless, all these agents increase every year in use, with the increase of wealth and civilization. And as an humble example under the same law, it is not probable that the leaden aqueduct will be abandoned, on account of the inconsiderable risk which it involves of occasioning disease. From the present state of our knowledge, we are authorized to conclude that the insurance on a citizen of Boston, New York, Philadelphia, or London, against lead colic, is probably worth much less than his insurance would be on a voyage across the Atlantic.—*American Journal of Medical Science.*

2.—*On the Employment of the Chloride of Sodium in the Treatment of Intermittent Fever.* By W. P. Lattimore, M. D.

The discovery of some agent capable of serving as a substitute for Peruvian bark, or for its active principle, quinia, in the treatment of intermittent fever, has long been desired in consequence of the high price of the sulphate of quinine, and the great adulteration of the salt to which this has given rise. The amount paid for quinine alone, is no small item in the annual expenses of the country physician; and this is likely to be increased, as it is said that a company of English druggists have monopolized the entire crop of Peruvian bark for many years to come.

In view of the interest necessarily felt in this subject, we have thought it might not prove uninteresting to the readers of the *American Journal*, to give the results of investigations made by the eccentric Piorry, upon the use of common salt in the treatment of intermittent fever. The investigations

were commenced at La Pitié, and continued at La Charité, where they were witnessed by the writer.

The attention of M. Piorry was drawn to the subject by a memoir, presented to the French Academy of Medicine, in July, 1850, by Dr. Scelle Montdezert, entitled, *Practical Considerations upon the Treatment of Intermittent Fevers, and upon the mode of action of the Salts of Quinia, and of the Chloride of Sodium.*

In this memoir, M. Scelle Montdezert supposes that every paroxysmal fever is due to the presence of fibrin in the venous blood; this fluid, in the normal state, being deprived of fibrin by the process of assimilation. That the salts of quinia owe their efficacy as anti-periodics to the fact that they dissolve this fibrin abnormally present, thus restoring the venous blood to its normal conditions. In casting about, then, for a substitute, he saw that nature had largely disseminated both potassa and soda, each possessing, in a remarkable degree, solvent properties. Seeking, among the various combinations of of each, that one which, uniting with the divers elements of the blood, should furnish the fewest insoluble compounds, he naturally selected the chloride of sodium, which forms none. He administered it, and then goes on to say:—

"On account of these considerations we experimented without fear of injury, and we declare with satisfaction that the results of its employment are such that salt may now be considered as sharing with the salts of quinia the prerogative of arresting the paroxysms of intermittent fever. It is sufficient to administer half an ounce of it in the morning, before eating, during the apyrexia, in half a glass of infusion of coffee. Its use should be continued for three days.

"Fortunate results, observed during several years, have confirmed our foresight. It is a counter-proof of our opinion, long since emitted, upon the action of the sulphate of quinine, and one which gives the most satisfactory solution of this therapeutical problem."

M. Scelle Montdezert gives the history of no cases treated by salt, although he alludes to many in which the agent was successfully employed. Under these circumstances the matter came into the hands of M. Piorry, who was one of the committee appointed by the Academy to report upon the memoir, and his cases are the only ones known to us. From these researches it will be seen that the chloride of sodium cures intermittent fever, like the sulphate of quinine, by acting upon the spleen and diminishing its volume, and

this sometimes in less than a minute. And in this connection it may be of interest to say a few words in regard to the views of M. Piorry concerning the spleen in intermittent fever, and his method of diagnosticating the disease.

He holds that in all paroxysmal fevers the spleen is enlarged; that the anatomical lesion is the cause, the fever only the symptom; that wherever the spleen has a greater length (measuring in a line extending from the middle of the axilla to the anterior superior spinous process of the ileum), than from 31 to 33 lines, intermittent fever exists. Believing thus, the symptoms for him are zero, while the state of the spleen stand at the other end of the scale, and is everything—percussion (pleximetric) of course, being the *experimentum crucis.*

We cannot resist the temptation of here paying a tribute to the skill with which M. Piorry employs percussion in making a diagnosis. With him *auscultation* is but an infant when compared with its full grown brother *percussion.* By its aid he interrogates the abdominal viscera as frequently as the thoracic, and with no less success, for he has brought it to an almost incredible degree of perfection. With his plate of ivory and his flattened fingers' ends he diagnosticates almost everything—tumors of the abdomen, abscesses everywhere, anuerisms, &c. All acknowledge the delicacy and accuracy of his test, while the looker on is lost in admiration, and wonders whether all his senses are not really concentrated in the ends of his fingers, which by constant drumming have at length become the very reverse of tapering.

Wishing, then, to experiment with salt, a few cases of intermittent fever (old stagers), contracted in Algiers were selected as subjects. Behold, then, Piorry at the bedside. The patient asserts that he contracted the fever and ague several years since in Africa; that he has frequently been cured; but that the disease has constantly reappeared at the end of fifteen days or one month at farthest. The type of the fever is tertian. The spleen is percussed and found to be abnormally dull throughout its whole extent; the entire splenic region is sensitive upon percussion, particularly over the dullest points; and each blow is accompanied by marked contortions of the countenance. This sensibility extends but little beyond the region of dulness, which last occupies an extent of fifty-three lines, measuring in the direction indicated above. To this patient a drachm of salicine is administered without producing any change in the dimensions of the spleen. A few minutes

subsequently, half an ounce of salt mixed with a cup of soup is given, and upon carefully percussing the splenic region at the end of four minutes, this organ is found diminished one inch, from above downwards. The next day the spleen is found to be of the same size, but upon the administration of a second dose of salt, it suddenly contracts and measures nearly three-quarters of an inch less than yesterday. The resonance throughout the entire organ has increased while the sensibility has diminished. The succeeding day, the attack of fever is very slight, and upon giving a third dose, the disease does not return; and when seen six weeks subsequently, the patient is still free from his African enemy. Thus we see that a diminution of twenty-four lines in the length of the spleeen was the result of the medicament, the fever being cured more effectually than ever before; *i. e.*, the patient had remained free from all relapse for the space of six weeks; one month having previously been the longest period of immunity.

We have the notes of seven cases of well marked intermittent fever, in all of which the administration of the chloride of sodium was followed by rapid decrease in the volume of the spleen and cure of the febrile symptoms. We also have the record of three cases in which salt was unsuccessfully used; in one of these, the sulphate of quinine effected a cure; in a second it too failed, while in the third it was not tried. These were all well marked cases of intermittent fever, such as would pass muster in any of our own malarious districts.

Let it be remembered that most of the fever and ague met with in the Parisian hospitals, is of long standing, and imported from the malarious districts of Algiers, which generate a form of the disease even worse than that found amid the marshes on the banks of the famed Maumee; that these cases have been treated again and again, have been cured now by the sulphate of quinine, now by arsenic, but only to re-appear upon the slightest exposure or imprudence; in short, to recur as only *the shakes* can recur.

We witnessed many of the experiments of M. Piorry, and in the great majority of them, the fever yielded to salt quite as readily as to the salts of quinia. And as to the theory of M. Piorry, the spleen diminished under the use of the remedy, *pari passu*, with the febrile symptoms, in every case where the disease was cured, proving that this organ really shows the influence of remedies over this class of fevers—that it is, as it were, a febro-barometer—for the dimunition of the

spleen is a constant phenomenon accompanying the cure of the disease, whatever be the curative agent employed.

M. Piorry's method of administering the chloride of sodium is, to give half an ounce in a cup of thin soup during the apyrexia and fasting. It usually agrees with the stomach perfectly well, but in some few cases we have seen it excite vomiting and diarrhœa. Three doses commonly suffice to effect a cure, the first two to be taken on succeeding days, and the third after an interval of one day. Should the spleen be undiminished in volume by the first dose, we may be sure that the remedy will not cure the disease; and the same is true of all the anti-periodics. Excepting in rare cases, the diminution of the spleen occurs immediately upon the administration of the remedy (salt or sulph. quinine), and may frequently be detected within one minute, after which the organ remains stationary until a second dose of the medicament be administered.

Is the chloride of sodium as efficient an antiperiodic as the sulphate of quinine? Are the cures effected by the one as permanent as those effected by the other? The first question can only be answered by those possessing a larger field of observation than the writer. May we not hope for a solution from those of our profession who observe the disease too largely either for comfort or pleasure? In regard to the permanency of the cures, we apprehend there is not much difference, be the medication what it may; for relapses are only too common after the greatest care and most patient attention.

Should the discovery prove as useful and applicable as it promises, the benefit accruing from it will be immense. If it be capable of taking the place of the sulphate of quinine in the majority, or even in one-half the cases of intermittent fever, therapeutics will be largely the gainer.—*Ibid.*

It is to be hoped that some of our western physicians who have frequent opportunities of treating intermittent fever, will give this remedy a fair trial and communicate the result.—[Ed.

3.—*Fellis Bovini, as a Medicine.* By A. I. Cummings, M. D.,

The bile from the gall of the ox has long been known to possess medicinal properties, and to some extent it has been used by the profession as a remedial agent, but I believe it has never gained that confidence among practitioners of which

its real value renders it worthy. I have used it somewhat extensively in my practice for a few years past, and in this article I design to give only the result of my own experience with it, and the conclusions which I have arrived in relation to its real and comparative value. Before proceeding, however, I would remark that the *form* in which I have almost immediately exhibited it, is that of pills, made of the inspissated gall, rolled in flour, magnesia, pulv. glycyrrhiza or some other fine powder, to render them of a suitable consistency. The gall may be evaporated in shallow basins, in an oven, or by the heat of the sun, until it becomes sufficiently firm to form into pills as above. This, in my opinion, is far the best method. t may given in its liquid form, but it is less agreeable to the patient, and if not mixed with proof spirit, will soon become unfit for use. The medical properties of this agent, so far as my observation goes, are *laxative*, *alterative*, and *slightly tonic*. Its most valuable agency is exerted upon the stomach and liver. It seems to combine, in a remarkable degree, the three properties named above, and for many of the diseases to which the chylopoietic viscera are liable, I have found it a most excellent and valuable remedy. I proceed now to notice its application as a remedial agent in disease.

1st. *Obstinate Constipation.*—I am well aware that this is much oftener a *symptom* of disease, than disease *per se;* but I notice it in this place in order to speak of that form so common to those engaged in sedentary and confined occupations, and especially of females in large cities, amongst whom, for want of proper exercise and care, constipation is so prevalent, and so detrimental. In cases of this description, I have very seldom, if ever, been disappointed of obtaining relief by the use of the agent under consideration. The hardened, compact, clay-colored fæces so common in cases where there is more or less obstruction of the function of the liver, are, by the use of the gall, broken down in the intestines, and rendered so friable as to be easily discharged. This result is procured, not only by the combination of the gall with the hardened concretions, rendering them soft and unirritating, but also by removing the obstruction, and permitting the natural flow of bile from the gall-bladder into the intestines. Thus it answers, in this respect, a two-fold purpose. Any one who doubts the efficacy of this remedy, by pouring a few drops of fresh gall upon hard clay-colored fæces, and observing how soon the mass becomes liquid, cannot fail to be convinced. It imparts also a healthy tone to the bowels, and

promotes the natural secretions which may have become impaired.

2d. In *bilious diseases*, arising from a torpid action of the hepatic function, the gall is an excellent remedy. It seems to act as a stimulant to the liver, and to promote the secretion of the bile, and also to cause it freely to flow into the bowels, and thus accomplish its normal function in the animal economy.

3d. In *jaundice*, you will find that the exhibition of gall, if continued sufficiently long, even in small doses, will not fail to accomplish a desirable and satisfactory purpose. I could relate the history of many cases in my own practice, in which there was every symptom of this disease, where the gall has acted in a most satisfactory manner. As a stimulant to the liver, I generally prefer it to blue pill or mercury in any form, though there may be chronic cases in which the mercury or some other alterative would be preferable. Whoever, at least, will thoroughly test the powers of this agent, I am confident will find that I have not exaggerated its value. At least I am willing to abide by the judgment of others who may test it, as to the truth of my assertions. It may be necessary to continue the exhibition of this remedy for some length of time in severe cases of jaundice, but it is perfectly harmless, and moreover it may be used in those cases in which mercury cannot be administered on account of the prejudice of patients or their friends against it, or of any idiosyncrasy of constitution where its use may be interdicted. At least it is a most valuable auxiliary.

4th. In *dyspepsia*, also, I have in many cases seen the most gratifying results from the use of this remedy. It seems to impart a good tone to the stomach, and by its laxative effects upon the bowels, as well as by its soothing the irritated mucous surfaces of the stomach, proves in my hands at least an excellent remedy. It leaves the influence of a mild tonic bitter on the stomach, not sufficient, however, to produce pain, and its laxative effects in dyspepsia cannot be but beneficial, for in most cases in this disease the bowels are torpid, and not unfrequently obstinately constipated. As a remedy also collaterally.

5th. In *Hæmorrhoids and Prolapsus Ani*, the gall is justly entitled to our consideration and confidence. If it has no direct or specific influence in relieving these forms of disease, it is at least one of the best laxatives in the general torpor of the bowels which accompanies them, since it not only evacu-

ates, but soothes the bowels, and does not produce the irritation in piles and prolapsus ani that most other articles of the class do. But I am also inclined, from my experience with the article, to believe that it exerts a very favorable influence, at least, in the *cure* of these troublesome and painful affections. At least it justly merits a fair trial.

6th. In *Bilious and Intermittent Fevers*, the gall cannot but exert a favorable influence, since its office is not only to act as an alterative, and to rouse the liver to its wonted action, but also to carry off from the bowels the superabundant bile, and to give tone to the chylopoeietic system. In a word, in all those forms of disease (and they are many) arising from torpor of the hepatic function, I believe there are few medicines that will give equal satisfaction with the article under consideration, and it is certain that no remedy is more safe in its administration and effects.

One more tormenting and dreaded affection arising from bilious derangement, in which the gall acts in a very favorable manner, I had almost forgotten to mention.

7th. *Sick Headache*, so called, though not, strictly speaking, a disease, is a sympathetic or symptomatic affection, of very frequent occurrence, and always excruciating, and dreaded by those who are subject to it periodically, or occasionally. As it arises from a bilious state of the stomach, the gall, given in small doses, and as frequently as is necessary, seldom fails to mitigate the symptoms, or entirely to relieve or prevent its accession. It should be given in periodical cases for a season of at least a day or two before the anticipated attack.

8th. In *Typhus, and Typhoid Fevers*, it is an excellent laxative, where strong cathartics are not required, and will be found worthy of confidence whenever a remedy of the class seems to be indicated. Also in the low forms of

9th. *Nervous and Continued Fevers*, no better laxative, in my judgment, can be found, since in those cases strong cathartics are almost invariably contra-indicated. But I need not particularize further, since I believe enough has been said to give my ideas in relation to the class of cases in which this remedy is indicated; and as I cannot expect to gain the confidence of practitioners without their first giving the article in question a fair and impartial trial, I have perhaps already written too much. I am confident, however, that those who may make a fair trial of it will not accuse me of exaggeration, for I have endeavored candidly to give the value of the article as it has proved itself in my own practice, and n

from theory deduced from the natural properties of the medicine. I have said it is necessary not unfrequently to continue the remedy for some length of time, in obstinate cases especially. But it is harmless and safe, and will act well in any constitution, and is contra-indicated by no form of idiosyncrasy. The dose of the inspissated gall in the form of pill, or otherwise, is from five to ten grains or more, repeated every two or three hours for a cathartic, and less for a mere laxative effect. It may be given in sufficient doses at any time, with perfect safety to adults or children.—*Boston Med. and Surg. Journal.*

4.—*On the Nutrition of Muscles during their Contraction.* By E. Brown-Sequard, M. D., of Paris.

It is generally admitted that when a muscle is in a state of powerful contraction, circulation, and consequently nutrition, are nearly arrested in it.

The well-known fact, that we are only able to maintain a permanent contraction in any of our muscles for a short time only, has been explained by a loss of strength occurring, from the supposed insufficiency of their nutrition. I have frequently performed a very simple experiment, which proves that the cause of the rapid diminution of the power of our will, in that case, does not exist in the muscles themselves.

The experiment referred to has sometimes been made on my legs, sometimes on my arms, and it was conducted as follows: I took a weight in one of my hands, and kept my forearm in a state of flexion, so as to form with my arm an angle of only 25 or 30 degrees. In that condition some muscles, and more particularly the biceps, were in a state of permanent contraction. My ability to maintain my form-arm in such a position, lasted between eight and twelve minutes. When I found it was completely impossible for me to keep my fore-arm in that position, an assistant applied the wires of an electro-magnetic machine to my shoulder and my forearm, so as to excite the biceps, and some other muscles. When, without any effort of my will, my fore-arm was maintained, nearly in the same position, during more than ten or even fifteen minutes.

After one or two minutes of galvanization, I occasionally tried again the action of the will, and I found that it was able to act anew.

If the explanation be true, that the muscle is not sufficiently nourished, and loses, in a great measure, its irritability during its contraction, and that for this reason the will becomes unable to maintain the contraction longer than a certain time, then the action of galvanism ought to be incapable of producing the contraction. If galvanism is able to act as it does, it is because the circulation of blood, the nutrition, and consequently the muscular irritability, have been very little diminished in the contracted muscles.

I have made another experiment, proving, also, that nutrition continues to take place in muscles during their contraction. If the communication established by the nerves, between the muscles of a mammal and its spinal marrow, is left entire; and if the circulation is completely stopped in that limb, by an amputation of the leg at the hip-joint, then it is found that the muscles of that leg, under the excitation of a powerful galvanic apparatus, lose their irritability after ten or fifteen minutes. On the contrary, if the same galvanic excitation is applied to the muscles of the other leg of the same animal, it is found that the irritability remains a long time without a marked diminution, and that it cannot be completely exhausted. It diminishes little by little, but never disappears entirely. Therefore, it is evident that nutrition may take place in muscles during powerful contraction.

Four distinct organs are active in the case of a voluntary muscular contraction. 1st, the brain, i. e. the organ of the will; 2dly, the spinal marrow; 3dly, certain nerves; 4thly, certain muscles. Which of these is the one which is deficient in the case of my first experiment? It is generally admitted that it is the muscular irritability. My experiments prove that it is not so. Consequently, it remains to know in which of the three other organs exists the deficiency. It appears to me that it is in the brain, because a great many experiments have demonstrated that the nerves and the spinal marrow, when put strongly in action, remain very active during a long time, provided that the circulation of blood continues in them.

In saying that the action of the brain is deficient, I do not mean the action of the whole brain, but that of the part of that organ which is used in producing the contraction of these muscles, which are put in action.

From the preceding facts and reasonings I think I am justified in concluding:

1st. That it is the action of a part of the brain, and not the

muscles, which is deficient, when our will is unable to maintain a permanent contraction in them.

2d. That circulation and nutrition are but little diminished in muscles strongly contracted.—*Med. Examiner.*

5.—*Severe and extensive Injury to the Brain followed by Recovery.* By W. Mortimer Brown, M. D.

The cases, published in your last number, of injuries of the head, with loss of a portion of the brain, have brought to my mind a case which I attended some years since, which may be deserving of record, as a case of recovery after a portion of the brain had been severed from the cerebral mass, replaced, and apparently reunited. The wound was made by a sharp axe, which, in the hands of a strong and angry man, was driven with such force as to make a section in the skull, cutting off a portion of the brain which remained in its situation in the severed portion of the skull, hanging down on the shoulder attached by a strip of integuments to the neck. The part cut off was the posterior part of the parietal bone, and the orifice through the inner table of the skull was about an inch and a half, and the portion of brain excised, over an inch in diameter.

The man was able, after the injury, to walk some rods with assistance, and talked in a rational manner by the way. Securing the occipital artery, which had been divided, removing some small fragments of bone, shaving around and thoroughly cleansing the wound, I restored the flap of integuments, with the portion of skull and brain, to its proper position, and secured them by stitches, adhesive plaster, and a roller. The head was kept elevated and cool, a light diet enjoined, and a solution of sulphate of magnesia, and tartrate of antimony and potassa, given to move the bowels, reduce the circulation, and restrain the appetite.

The mental faculties remained unimpaired, except for a short time on the second day; the wound healed rapidly, being entirely closed in a week, no unpleasant symptoms afterwards occurred, and on a subsequent examination the severed portion appeared to be firmly united to the cranium, no motion being perceptible on firm pressure, and no inconvenience being felt when galloping on horseback.

There was no evidence in the dressings of the discharge of any portion of the brain, and, in all probability, the severed portions reunited without loss of substance.

The case was watched with some interest to mark the development of any peculiar mental phenomena, but nothing occurred worthy of note, though, at the time of the examination of the wound, pressure was made upon the exposed portion of brain.—*New Jersey Med. Reporter.*

6.—*Suppositories.* By A. B. Taylor.

As our National Dispensatory gives no account of this valuable class of medicinal applications (*suppositoria*), a brief notice of their preparation, in the "American Journal of Pharmacy," will perhaps be serviceable to some of its readers. Though hitherto but little employed in this country, suppositories have long been extensively used in France. They have recently, however, attracted the attention of some of our physicians, and bid fair to grow into much more general demand.

They may be described as medicated compounds of a stiff consistence, designed to be introduced into the rectum, and serving the purposes of the ordinary clysters or injections; (*Enemata.*) They are applicable in all cases of constipation, or of irritability, or inflammation of the lower intestines; and have the advantage over liquid injections, of more easy introduction, as well as of greater comfort and cleanliness; and they may sometimes be retained, when liquids would not. There is, perhaps, no substance so well adapted to serve as the vehicle of these applications, as the butter of cocoa, (*oleum cacao,*) as no combinations of suet, spermaceti, or wax, &c., combine in so great a degree the proper hardness or firmness of substance, with the requisite fusibility.

The following formula is a prescription of Dr. S. W. Mitchell, and has been considerably used:

Take of	Cocoa Butter	℥iss.
	Powdered Opium	gr. xii.

Mix and make into twelve suppositories.

The butter of cocoa is to be melted by a gentle heat. The opium is then to be well rubbed up with a small quantity of the fluid, until thoroughly incorporated, and the remainder of the melted butter gradually added. When cool and slightly thickened, the mass, being well stirred, should then be poured

into paper cones.* If the cocoa butter is too fluid when transferred to the moulds, the opium will settle to the apex of the cone, and not be properly diffused through the substance. When perfectly hard, these cones should then be pared or scraped at the base, until they weigh just one drachm—giving one grain of opium to each suppository. Practically, therefore, it will be necessary to make one less than the required number—reserving the parings for another operation.

The following formula has been prescribed by Dr. Pancoast:

Take of	Cocoa Butter	℥i.
	Extract of Krameria	℈ii.
	Powdered Opium	gr. v.

Mix and make into ten suppositories, as above.

It is stated that cocoa butter is much esteemed in France, for its supposed healing qualities, and is a favorite application in cases of piles. With powdered galls, or tannic acid, this substance would therefore probably form a useful substitute for the ordinary pile ointment. The proportions to be employed, would of course be regulated entirely by the physician's order.

In Dorvault's French work on "Practical Pharmacy," suppositories are described as varying from the size of the little finger to that of the thumb, and weighing from ʒi¼ to ʒii½, (five to ten grammes.) The author gives us a formula for the vehicle, butter of cocoa melted with an eighth part, by weight, of white wax; or as an inferior substitute, and one less used, common tallow mixed with the same proportion of wax. Soap suppositories are formed by simply cutting soap into convenient shapes. Suppositories are also prepared from honey, by boiling down this substance till it becomes sufficiently hard to retain its shape. There are also formulæ given for anthelmintic, anti-hemorrhoidal, astringent, emenagogue, laxative, and vaginal suppositories, as well as belladonna, calomel, cicuta, mercurial, and quinine suppositories.

In Gray's "Supplement to the Pharmacopœia," there is given the following formula for a suppository, taken from the *Codex Medic. Hamberg*, 1845:

℞	Aloes,	ʒvi.
	Common Salt,	℥iss.
	Spanish Soap,	℥iss.
	Starch,	ʒviii.

Mix and make into a mass with honey, and then form into cones of the required size.—*Am. Jour. of Pharmacy.*

* These moulds should be made of sized or writing paper, and may be conveniently placed in shallow boxes of sand, to preserve their position.

7.—*Of Flexion of the Limbs as a Means of Suspending and even Arresting Arterial Hemorrhage.*

As arterial hemorrhage is at all times more or less dangerous and alarming, it becomes proper for us to notice all the means best calculated to put a stop to the flow of blood proceeding from divided vessels. To this end, we are pleased to notice that Dr. Bobillier has turned his attention to this subject—the views of whom we shall abridge from the February number for 1852 of the *Journal des Connaissances Medico-Chirurgical.*

This gentleman has found, from experiment, that when certain arteries, situated about the joints of limbs, are wounded, the hemorrhage therefrom may be arrested permanently, by flexing the limb forcibly upon itself. By this means he arrested a hemorrhage from a wounded radial artery; and in another case, the same means succeeded after compression, etc., had been fairly tried and failed.

The third was the case of a man whose brachial artery was wounded by a blow with a knife, just in the bend of the arm, at the usual point of venesection—the hemorrhage was frightful, and the patient was so situated, and the accident was so unexpected, that the application of a ligature was utterly impracticable in the case. Violent and permanent flexion of the fore-arm upon the arm arrested the bleeding.

Dr. Bobillier deprecates any desire to place flexion of a limb in competition with the ligature, for arresting hemorrhage. He contends, however, that it is a precious means, under certain circumstances—when the usual instruments for the application of ligatures are not at hand.

In 1834 M. Malgaigne, in his *Manuel de Medicine Operatiae*, speaks favorably of strong flexion of the fore-arm upon the arm, as a means of arresting hemorrhage from wounds of the brachial artery. Four years thereafter, he mentions a case in which he arrested a hemorrhage from the popliteal artery, by flexing the knees.—*N. Orleans Med. Journal.*

8.—*New Symptom of Pneumonia.* By Wm. M. Boling, M. D., of Montgomery, Ala.

I have frequently observed in pneumonia a symptom of which I do not remember to have seen mention made by any other, and which I have never noticed in any other disease. It consists in a deposition on the teeth, just along the margin

of the gums, of a matter of different shades of color, from a light orange to a dull vermilion, forming a line about the sixteenth of an inch wide, and of a deeper tint at the gums, and paler as it recedes. Unlike the blue line said to be found in the margin of the gums in lead poisoning, and the line on the same part, of a deeper shade than the rest of the gum, noticed by Dr. Theophilus Thompson in phthisis, and mentioned in the *London Lancet*, for September 1851. The appearance in question is seated on the teeth; from which, indeed, with care, it may be principally removed by wiping, though, occasionally, a somewhat durable stain remains upon the enamel.

In regard to the manner of its production, I am at a loss for an explanation, though it is probably an exudation from the margin of the gums. At first I thought it might be produced by the deposition of the coloring matter of the expectoration, but I have seen it in cases in which bloody matter was not expectorated; indeed, in a few cases of latent pneumonia, where there was neither cough nor expectoration; and, in one instance, I was led to suspect the presence of this form of the disease, which I ascertained with certainty by auscultation, by this symptom alone. Perhaps the miasmatic poisoning of the system may, in some way, lead to its development in pneumonia; for it is likely, that, if it were of as frequent occurrence in other localities as in this, it would have been noticed before. Still, I do not remember to have seen it in any of the forms of uncomplicated miasmatic fever.

I have made no note of the proportion of cases in which I have observed it, but I think, at least, in one-third or one-fourth. The cases in which it is present are generally severe, it being very rarely found in mild cases.—*American Journal of Medical Science.*

9.—*Poisoning by Oil of Tansy.* By W. W. Ely, of Rochester, N. Y.

The subject of the following painful occurrence, was a respectable young lady, in ordinary health, engaged at the time in teaching school. Having arrived at her menstrual period, she procured what she supposed was the essence of tansy, designing to take it to promote the catamenial discharge. On the evening of August 15, 1836, she took *one teaspoonful* of the medicine, which proved to be *oil of tansy*. From

the speedy supervention of alarming symptoms a messenger was sent for me, a distance of two miles. Being unable to attend personally she was promptly visited by my partner. The oil, however, had operated so energetically and rapidly, that on his arrival nothing seemed likely to be of any avail, and nothing of any consequence was done.

From the record which I made at the time, it appears that she first complained of dizziness and became insensible in about ten minutes—a succession of convulsions supervened, with frothing at the mouth, laborious respiration and irregular pulse, and she died in *one hour and a quarter* after taking the oil.

It may be proper to add that another young lady in the family, also took of the medicine at the same time, but vomited very soon, and suffered no inconvenience.—*Ibid.*

10.—*External use of Cod-liver Oil.*

This remedy is strongly recommended in the May number of the Canada Medical Journal, by Dr. A. H. David, as a local application in ringworm of the scalp, tinea capitis, psoriasis and some other cutaneous affections. It is certainly worthy of a fair trial from this recommendation.

11.—*Scarlatina Anginosa.* By H. D. Ranney, M. D.

The following occurrence, connected with that fatal and somewhat obscure disease, scarlatina anginosa, is of much interest to me, and I think will be interesting and profitable to your readers, both professional and non-professional. Two cases of it have occurred in our midst during these extreme warm days of July. They came unexpectedly; the *manner* is the point of interest. Some friends from a distance made the family a short visit, bringing with them two children, who had had, a few days before, an attack of "canker rash," as they said, but they seemed fully recovered. Ten days from this time a little girl, 4 years old, was seized with the symptoms of this much-dreaded disease. The eruption was perfect, the anginose difficulty severe, but terminated favorably. In seven days from this time a second child was attacked, who seemingly is doing well. I will here remark that I have used the "bacon" rubbed upon the skin in this

difficulty for two years with marked benefit. I have no doubt of its beneficial effects.

Two important questions arise from these facts.

Did the children take the disease from their visitors? If so, how? From the exhalation from their bodies of a contagious influence? from their clothes, or any "fomites" they might have about them? I should answer in the affirmative to the first enquiry, decidedly. The others I will leave to those who are able to frame a probable and reasonable response. I need not say that the answers to all of them deeply concern the whole people.—*Boston Med. & Surg. Jour.*

12.—*Leeches.*

A correspondent of the New York Times, writing from Constantinople, gives the following information:

"It is not more than from forty to fifty years that leeches have been in extensive use for the abstraction of blood from the human body, and for many years the supply from the ponds of each country was sufficient for the wants of the population. But as the use of them increased, superseding so often the lancet and cupping, the leech traders turned their attention to procuring them from foreign countries. Twenty-five years since, all who could afford it in America used the "French" leech in preference to the American leech, because it would draw twice or thrice as much blood. But none the less a large portion of the leeches exported from France, have been brought thither from other countries on the Mediterranean.

"Leeches for Western Europe and America are now obtained from Morocco, Algiers and Tunis—from Hungary (which sends one year with another 120.000 pounds of leeches annually) from Russia, and from Persia even. A trader brought, last winter, without hardly any loss by the perishing of the leeches, fifteen hundred pounds of leeches from the latter country. They froze solid as he was passing the lofty mountains, near Erzroom, but thawed into life again The obstacle to bringing leeches from a great distance, has been, that they were so liable to perish, and needed so much care and attention on the voyage. However great the loss and the consequent rise in price, there seems no limit to the price that the sick are willing to pay for them. Fifty cents is often paid for a single leech in our country towns. And in Peru, in South America, leeches (brought, perhaps, from Persia) have sold for three to five dollars a piece.

"The product of the leech *fisheries* in Turkey, is at present annually greater than that of any other country. One reason among others, for this result, is the want of cultivation, and the amount of undrained lands in consequence on a sparsely inhabited country, and the facilities allowed to the Europeans who follow the business and have the protection of the local authorities. The product of the last three years has been about 180.000 pounds annually, worth at the place of exportation eight dollars a pound, or $1,440,000 each year. In a pound of small leeches there are from two hundred and fifty to four hundred leeches. A pound of large leeches contains half that proportion. There are from 50,000,000 to 60,000,000 of leeches annually exported from Turkey. They are sent chiefly to Trieste, Marseilles, and London, and some to America direct. The price varies greatly at these ports, according to the supply. The prices current of Marseilles as regularly include the price of leeches, as of wheat and wool." —*Ibid.*

13.—*Leucocythæmia.*

Prof. G. B. Wood called the attention of the college to a form of disease described by Dr. Bennett, of Edinburgh, under this name, the leading characteristic of which is an excess of the white corpuscles of the blood. He stated that there was a case of it in the Pennsylvania Hospital. The patient, a male of about seventeen years of age, was admitted laboring under symptoms of anæmia, with some anasarcous effusion, general debility, and great enlargement of the spleen. The blood was examined by Dr. Adenell Hewson, resident physician of the hospital, who is accustomed to microscopic investigations, and found by him to contain a great excess of white corpuscles. There could be no doubt that it was a case of the leucocythæmia of Dr. Bennett. The patient was put upon the use of iron and quinia, with a good diet. Under this treatment, the dropsical symptoms and enlargement of the spleen rapidly diminished, and the patient soon became restored to a degree of robustness, which was in strong contrast with the debilitated appearance he presented at his entrance into the institution. The spleen was evidently diminished in bulk; but at the same time the liver was found to have become enlarged. On examining the blood under the microscope, it still exhibited the same excess of white corpuscles. Dr. Wood supposed that the patient had been over-stimulated by the treatment to which he had been sub-

jected. A less invigorating diet was directed, small doses of blue mass were administered, and a blister was applied over the right hypochondriac region. Under this treatment the condition of the liver became improved; but, as the symptoms of anæmia reappeared, and the spleen began again to enlarge, a blister was applied over the left hypochondrium, and nitro-muriatic acid was substituted for mercury. The visceral disease now rapidly diminished; but as the anæmia continued, recourse was again had to chalybeates. All the symptoms now improved; and an examination of the blood showed a very considerable diminution in the number of white corpuscles. When the patient was last seen by Dr. Wood, the spleen was of nearly its natural dimensions, and the anæmic symptoms had almost disappeared; but the liver still remained somewhat enlarged.—*Quart. Sum. Trans. Col. Phys. Philadelphia, Jan. to April*, 1852.

14.—*Fraudulent Use of Names in Quack Medicines.*

It appears, from the following extract from the London Lancet, that those individuals whose names are fraudulently attached to nostrums to increase their popularity, are not wholly without legal protection.

"A short time since there appeared in the *Wolverhampton Chronicle*, the report of a trial of much importance, both to the medical profession and the public. The plaintiff, Baker, obtained a summons against Langman, for the recovery of two shillings nine pence, being the price of a box of what was alleged to be "Genuine Cod-liver Oil Pills," and to which box the name of Sir James Murray was, with much audacity, attached.

"At the trial, Sir James Murray, who was naturally greatly incensed at so improper a use of his name, appeared in person. He stated that the use of his name was wholly unauthorized; that he had done everything in his power to deter the parties from so employing it; and that it was on his recommendation the plaintiff had adopted the present mode of proceeding. Sir James further gave evidence that the pills in question did not contain a particle of cod-liver oil, but, amongst other ingredients, a dangerous quantity of the essential oil of bitter almonds.

"The result of the trial was, that the plaintiff recovered the amouut which he had paid for the pills, and the delinquent met with the exposure and disgrace which he so justly merited."—*Boston Med. & Surg. Jour.*

PART V.

EDITORIAL DEPARTMENT.

RE-ORGANIZATION OF THE AMERICAN MEDICAL ASSOCIATION.

In our publication of the proceedings of the American Medical Association, in the June number of the Lancet, it will be noticed that certain amendments were reported by a committee, which lay over until the next meeting; when they will be called up for adoption or rejection. In the mean time every one interested in the subject, should examine it, and have his mind made up in regard to the manner of disposition of these proposed amendments.

Medical journals may do much good, we think, by examining and discussing the subject; and thus aid in developing or indicating the proper course of action when the association meets.

In the first place it is proposed to make the association consist "of *all* the members of the medical profession of the United States of good standing, who acknowledge fealty to, and adopt the code of ethics adopted by the association; and its business shall be conducted by their delegates or representatives, who shall be appointed annually, in the manner prescribed in this constitution."

It strikes us that this is certainly an easy mode of making members, and affords a *cheap* way of *being made* a member of the great American Medical Association. The title of member of course will, should this be adopted, be worth just nothing. This matter of "good standing," and "acknowledging fealty," and "adopting the code of ethics" is exceedingly vague. Every quack in the country can profess to do that, and you have got to try, and to convict him also, before it is ascertained that he is not a mem-

ber of the American Medical Association, or one of the physicians of which it is composed. He can appeal to the act by which he is permitted to become a member, or a component part of the association, insist that he has complied with its requisitions, and the proof is thrown upon us to show his unworthiness. The title M.A.M.A. would soon cease to be respected; its import would be uncertain, and might even become an opprobrium throughout the land. While our ideas of an enlargement of the boundaries of the association are extremely liberal and democratic, we certainly must be opposed to the removal of *all* obstacles to admission. In the next place, all the business is proposed to be done by the delegates or representatives annually appointed. This feature will, if adopted, give an exceedingly transitory and imperfect character to many of the doings of the association. For instance, at the last two meetings of this body, numerous committees were appointed to report on interesting medical subjects, some of which may require two or three years of close application before anything can be evolved worth reporting upon. These committees should be allowed a continuance; but if the proposed arrangement be carried, it cannot be done unless the members of the committees happen to be elected delegates, and find it in their power to attend the meetings. The subject of Epidemics for instance, was made continuous for five years, for the purpose of allowing those acting upon these committees, to perfect plans of obtaining reliable information and accumulate valuable materials for their reports. This amendment will certainly change the members of these committees yearly, and thus to a great extent frustrate the objects of the association in their appointment.

It must be taken into consideration that the association changes its place of meeting yearly, sometimes widely as to location, and that very few of those who have conducted the business of the preceding meetings will meet again the following year. We want an expansion in the number of members, but not indefinitely. Popularize the association, but let there be some visible lines drawn that may mark the boundaries between those who are and those who are not members, if the title of membership is worth preserving at all. Permanency must at the same time be preserved in the objects of the association, or it will become fugacious and ridiculous in its movements.

We hope this important matter will receive the attention it deserves, and that a free interchange of opinion will take place preparatory to acting on the subject at our next meeting.

HEALTH OF OUR CITY.

We are happy in being able to state that our city has continued quite healthy through the present season thus far. There has been some disposition to affections of the bowels, with an occasional case of cholera, which was confined however, to that class of population who are always much subject to diseases, —the filthy crowded, and imprudent. The number of cases of sickness, this summer, we think have not exceeded those occurring during the same length of time prior to the appearance of cholera in 1849.

OBITUARY.

Died, at his residence in this city, on the 28th of June, S. A. LATTA, A. M., M. D., in the 48th year of his age.

Dr. L. commenced the study of medicine in Urbana, Ohio, in the office of Dr. Musgrove, in the year 1823, and was licensed to practice in 1826. Dr. Musgrove, who still continues the practice of medicine, speaks in the highest terms of the energy and perseverance of his former pupil.

At a meeting of the physicians of Cincinnati, convened at Dr. J. T. Webb's, on Tuesday the 29th June, for the purpose of paying a tribute of respect to the late S. A. Latta, M. D., Dr. Wm. Judkins was called to the Chair, and Dr. Comegys appointed Secretary. The following resolutions were reported by Drs. Buckner, Woodward and M. B. Wright, and adopted:

Whereas, by an inscrutable decree, there has been taken from our midst, in the person of Dr. Sam'l A. Latta, one, who, in his intercourse with community has sustained the character of a useful and christian citizen; in his relations to the profession of medicine, that of an honorable, enlightened, and conciliatory competitor, and to the sick, that of a ready, kind, sympathizing and successful physician, and

Whereas, his long continued indisposition may have led us to

anticipate his demise at almost any moment, yet, its announcement has fallen heavily and afflictingly upon us, and

Whereas, we are again made to feel that while we, in a professional capacity, are endeavoring to shield others from the hand of the unwelcome messenger, we too, as individuals, are exposed and must yield to the fatal blow; therefore,

Resolved, That in the death of Dr. S. A. Latta, a great loss has been sustained in all his relations in life.

Resolved, That we hereby tender to the family and friends of the deceased our warmest sympathies in their sad bereavement.

Resolved, That as partial evidence of our respect for the memory of the deceased, we will as a body, join in the funeral arrangements. WM. JUDKINS, M. D., *Ch'n.*

C. G. Comegys, M. D., *Sec'y.*

Also—at his residence in this city on the 22d of July, A. L. Bushnell, M. D., in the 38th year of his age.

At a meeting of the Medical profession, held at the residence of Dr. Conner, July 23d, 1852, on the occasion of the death of Dr. A. L. Bushnell, the following resolutions were adopted:

Whereas, it has pleased our Heavenly Father in His perfect wisdom, to take from us our greatly esteemed associate, A. L. Bushnell, M. D.,

Resolved, That by this afflictive event, we are called to mourn the loss to ourselves, of an intelligent and beloved friend; to society, of a skillful and faithful physician, a benevolent and public spirited citizen; to the Church, of a devout and humble christian; and to his family, of the affectionate husband and brother, and the tender father.

Resolved, That while such a loss must be deeply and widely mourned, we rejoice in believing that none may sorrow as those "without hope," for one whose life was filled with deeds of duty and of faith, and whose death could but be that of the righteous.

Resolved, That in token of our regard for our deceased associate, and of our respect for his memory, we will attend his funeral this afternoon at 2 o'clock, and that a copy of these resolutions, signed by the officers of this meeting, be by them communicated to the family of our friend, with the assurances of our most respectful and sincere sympathy in their heavy bereavement.

Resolved, That these resolutions be published in the daily papers of this city. R. D. MUSSEY, *Pres't.*

J. F. White, *Secretary.*

THE WESTERN LANCET.

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PART I.

ORIGINAL COMMUNICATIONS.

ART. I.—*Lectures on the Pathology, Diagnosis, and Treatment of Diseases of the Chest; delivered in the Commercial Hospital and Medical College of Ohio.* By L. M. LAWSON, M. D., etc.

LECTURE XVII.—Hooping-cough—*continued;* Pathological Anatomy; General Nature; Complications.

Pathological Anatomy.—The pathological anatomy of hooping-cough, so far as investigations have been made, is quite simple, but is not on that account the less important or instructive. There are several lesions, however, which pertain to simple hooping-cough, that will serve to illustrate its true character.

The *mucous membrane* exhibits signs of morbid action, varying in intensity and special character, but maintaining a general uniformity. In mild cases, *redness* of the mucous tissue and an increase of secretion, are the only obvious changes; the capillary injection often extends from the larynx to the bronchi, although it is more intense at some points than others. The inflammatory irritation, of which the increased vascularity is evidence, involves not only the general sub-mucous areolar tissue, but also, and in a special manner, the *mucous follicles.* It is probable, indeed, that the affection of the mucous follicles, constitutes an essential element

of the disease. It was long ago conjectured by Dr. Butter, that irritability of the mucous glands constituted the primary disease, to which the *spasms* were altogether secondary. Indeed, the copious secretion of glairy mucus, charcteristic of the disease, leaves no doubt that the follicles are early and extensively involved, and that they form the basis of the morbid action. It is true that a series of careful observations on this point are still wanting; but the facts already mentioned, as well as the post-mortem appearances, lead to the belief that the affection of the follicles constitutes the true nature of the disease, or, at least, that the glands are specifically affected. It may fairly be assumed, therefore, that the follicles of air passages bear the same relation to hooping-cough, that those of the alimentary canal do to cholera infantum.

In addition to the *redness* of the mucous membrane, it is constantly found coated with tenacious mucus, which is also discharged by expectoration and vomiting, constituting a secretion such as would arise from a high degree of follicular irritation.

It has been made a question, whether the morbid action is located chiefly in the larynx, trachea, or bronchi. Influenced by the prominence of the laryngeal symptoms in the second stage, and the frequent evidences of disease found post-mortem at that point, many have been induced to locate the irritation about the glottis. Somewhat recently, Dr. E. Watson has expressed the opinion that the disease is essentially a pharyngo-laryngitis. Dr. Dawson, in 1824, advanced the opinion that the morbid action was located in the laryngeal structures; and Mr. Alcock states that he has invariably found signs of inflammation about the larynx, often so intense as to close the aperture of the glottis. There can be no doubt that the larynx is the seat of very intense excitement, and especially, that the irritation, during the second stage, is principally located at that point; the persistence of the spasmodic cough shows very clearly that the irritation lingers about the upper portion of the air-passage; and, as we shall see hereafter, that fact furnishes an important indication in the treatment. We are furnished with unequivocal evidence that, in some examples at least, the greatest force of the disease is spent on the upper portion of the air-tubes. In some instances the pharynx becomes prominently inflamed, whence the disease extends to the epiglottis, causing infiltration at its base, and finally closure of the aperture. The pharyngeal inflammation does not usually extend towards the digestive organs; but Ozanam

and Copland have met with inflammation of the œsophagus, which probably originated in that way.

The irritation of hooping-cough, however, is not limited to the larynx; on the contrary, the evidences of vascular action are met with throughout the air-passages, as far, at least, as the primary bronchi, and, in violent cases, involving the entire course of the tube. According to Dr. Macintosh, the signs of vascularity increase toward the bifurcation, but this rule is certainly not uniform. There is undoubtedly much diversity in regard to the location of the most *intense* excitement; in some examples it will be found in the larynx, and even the pharynx, while in others the trachea and bronchi suffer principally. Thus the inflammation may produce acute laryngitis, or tracheitis, or bronchitis.

In addition to the signs of inflammatory action just mentioned, (and which pertain more especially to cases of shortest duration and least intensity,) there are others exhibited in the severe and protracted examples, still more unequivocal in their character. Thus the mucous membrane becomes softened, thickened, and ulcerated, the bronchial glands red and enlarged, especially about the bifurcation, and in infants, the thymus gland is swollen. Some of these signs (such as softening, thickening and ulceration) point conclusively to pre-existing inflammation; and although such extreme lesions are not the common results of the disease, still they frequently occur (especially thickening) if the affection become intense and protracted; and they show very satisfactorily the *nature* and *tendency* of the morbid action.

The *lungs* exhibit various lesions during the course of hooping-cough, but some of the most marked and important result from *pneumonitis*, which is a *complication*, and consequently not now under consideration; other changes, however, take place in the pulmonary structures, independent of general inflammation, and which deserves to be mentioned in this connection. Two opposite states are met with in connection with the air-cells: in one, these structures become somewhat *emphysematous*, which produces on the surface a spotted aspect; or, on the other hand, more or less *atalectasis* may occur as the result of bronchial obstruction, assisted by the prolonged and forcible expiration. When emphysema occurs, the lungs are inflated and occupy the full extent of their cavities; but in cases of atalectasis, they are collapsed, and the cavities are not filled. These conditions are usually partial in extent, occupying only a portion of a single lobe

Congestion of the lungs occurs in many cases, even when not complicated with inflammation. It imparts to the structure an increased degree of solidity, and a dark or livid aspect. The same morbid state is often associated with some degree of *œdema*, the effusion arising from the vascular engorgement. These conditions increase the difficulty of breathing, and contribute much to the discomfort and even danger of the patient. Another pathological condition of not infrequent occurrence, is dilatation of the bronchial tubes. This condition is usually met with in the more protracted cases, and arises from the accumulation of mucus which produces a mechanical distention.

The condition of the *brain* constitutes an important element in the pathological anatomy of hooping-cough. In nearly all cases, decided evidences of *congestion* are exhibited, such as venous turgescence, and effusion of serum into the ventricles, or between the membranes. Dr. Copland affirms that he has very generally met with evidences of inflammatory appearances about the medulla oblongata, or its membranes, even when no other remarkable cerebral lesion existed. The substance of the brain is liable, also, to congestion, which is shown by the vessels being loaded with blood after death. Still more profound lesions of this viscus occur when it becomes inflamed; but that condition will be mentioned under the head of *complications*.

The conditions of the brain to which I have referred are no doubt *secondary* lesions, and might, therefore, be classed with the complications. It is true that some observers have regarded the lesions to which the brain is subject, as constituting an essential and primary part of the disease. But it is far more probable—nay, in my opinion, positively certain—that the congestion which so frequently occurs in severe cases, is due to the violence of the cough, or rather the prolonged expiration, which impedes the return of blood from the brain, and thus *mechanically* produces congestion. It is, however, a complication or secondary lesion, so constant in its occurrence, and so certainly following the conditions which always exist in severe cases of the disease, that it deserves a place among the lesions which make up the pathological anatomy of hooping-cough.

The prominence of the spasmodic symptoms could not fail to direct attention to the nervous system, especially to those nerves more immediately concerned in the respiratory function. Accordingly, the pathological anatomy of the pneumo-

gastric and phrenic nerves have been carefully investigated, with the expectation of being able to locate the most essential morbid action in those nerves. In prosecuting these inquiries, several physicians have met with appearances of inflammation in the pneumogastric nerve. Breschet met with such appearances twice; Dr. Hermann Kilian fifteen times, and Dr. West once in eighteen examinations. Grisolle affirms, however, that no one in France, except Breschet, has met with such a lesion. But the most accurate and reliable observations which have yet been recorded on this subject, are those made by Dr. Albers of Bonn. This careful and competent observer made forty-seven post-mortem examinations, with special reference to this question. Thirty-five of the bodies examined had been victims of the epidemic which visited Bonn in 1826–27, and twelve died in 1829–30. A majority of the cases terminated fatally in the first period, but a portion died in the second stage. In every instance, the pneumogastric nerve was carefully examined, from near its origin to the diaphragm. In forty-three cases there was no change of volume, color or consistence; in the remaining four, who had been lymphatic and scrofulous, the nerve was found slightly reddened. The color presented the appearance sometimes witnessed in plethoric subjects, who have died of typhoid fever, and, as suggested by Grisolle, probably depended on cadaveric imbibition.

These facts, which seem to have been observed with great care, establish beyond doubt, that the slight changes which have been encountered in the pneumogastric nerve, are entirely accidental, and do not constitute an essential element in the pathological anatomy of hooping-cough. We are not permitted to doubt, however, that this nerve, or its branches, becomes affected during the progress of the disease, but it is a functional and not organic change.

We have now before us the essential facts connected with the *pathological anatomy* of hooping-cough, and I pause to inquire, what are the legitimate deductions from them? It will be remembered that two principal theories have been advanced on this subject: one represents the disease as essentially *inflammatory* in its origin, while the other regards it as a *nervous* affection. Which theory does the pathological anatomy sustain?

It may be argued with great plausibility, that the most simple or elementary form of the disease is characterized mainly by *irritation* only, and that the occurrence of inflam-

mation constitutes an *addition* to the primary disease, and is, therefore, no part of its essential nature; and that, thus excluding the inflammatory condition from the original disease, we have left merely the nervous element, which constitutes the true or uncomplicated affection. But however plausible such a theory may appear, it cannot, I apprehend, be sustained by the post-mortem appearances, nor is it a legitimate deduction from the general phenomena of the disease. Thus, as a general rule, we witness during the first stage, not mere *nervous excitement*, but decided *febrile* movements; and the post-mortem appearances, even in simple cases, reveal inflammatory excitement of the mucous tissue. So obvious, indeed, are the phenomena of the disease, that the first stage is usually denominated the *inflammatory*, and the second the *nervous* period. Now these distinctions are drawn from the actual phenomena of the disease, and indicate, with much certainty, its actual nature. If, on the opposite theory, the disease were strictly nervous, the spasmodic cough should be witnessed in the first stage, or at the beginning of the disease, instead of occurring at a remote period, and *after* the subsidence of the more active excitement.

The testimony now before us fully authorizes the conclusion, that hooping-cough is, in its inception, an inflammatory disease; but it may still be a question whether the excitement is located in the mucous tissue of the air-passages, or in some portion of the nervous system. Dr. Webster, guided by the signs of disease in the brain, as well as the spasmodic symptoms, concluded that the disease was located in the cranium; Mr. Desruelles supposed that the brain was always and necessarily involved; and Dr. Copland declares that he has very constantly found the medulla oblongata affected. But notwithstanding the frequent implication of the brain, there is every reason to believe, that those lesions are purely secondary, and have no necessary connection with the origin of the disease. And in regard to any primary affection of the *nerves* distributed to the respiratory system, the facts already mentioned are even more conclusive against *their* participation in the formation of the disease.

The preceding considerations justify the conclusion, that the actual seat of hooping-cough, in its primary stage, is the mucous membrane lining the larynx, trachea, and bronchi. The symptoms during life, no less than the appearances afte death, fully confirm this opinion. But the morbid action is not limited to the mucous tissue; on the contrary, the essen-

tial phenomena of the disease show conclusively that, as it advances, the nervous system becomes involved; but the implication of the nervous system is a functional and not organic derangement, and is secondary in its origin. This brings us to the conclusion, that hooping-cough consists of an inflammatory action of the air-passages, and functional derangement of certain nerves belonging to the same system. The disease, then, is a remarkable combination of inflammatory action of the mucous tissue, and functional derangement of branches of the pulmonary nerves; and it is this association of disease, that produces the variety of symptoms characteristic of the different stages of hooping-cough. The one is clearly inflammatory—the other clearly *not* inflammatory.

The relative degrees of the vascular and nervous derangements, vary greatly in different cases; at times the *inflammatory* condition largely predominates, but in other examples the *nervous* element is particularly prominent, the vascular excitement being quite feeble. The relative excess of the nervous symptoms, and the weak vascular excitement witnessed in some examples, have given rise to the opinion that the disease is merely a state of irritation, which does not warrant the name of inflammation. Dr. Copland believes that, in its simple forms, the affection is one of a *nervous* character. This mode of reasoning, however, is peculiarly faulty, for it mistakes the mere *degree* of the morbid action for its essential nature. Now it must be admitted that all inflammatory diseases vary in their *acuteness;* and none exhibit these extremes in more striking contrast than hooping-cough. Indeed, the vascular excitement ranges from the highest to the lowest points, without changing its character, except in degree.

Finally, upon a careful review of all the phenomena pertaining to hooping-cough, I conclude that the specific poison impinges on the mucous tissue and first induces a mild bronchitis, which does not differ, in its anatomical characters, from the ordinary catarrhal species; but as the disease advances, the nervous system becomes involved, producing the spasmodic cough, which is the most obvious and striking feature of the disease. That bronchitis does exist, is clearly manifested by the physical, as well as rational signs; and among the former we find a sibilant, sonorous and mucous rhonchi. We cannot be greatly in error in denominating such a case, *bronchitis.*

In this bronchitic affection there is nothing very peculiar

or characteristic, by which it can be distinguished from the ordinary catarrhal disease. Still there are certain differences between the two forms of disease, which probably depend on their different causes. Thus in common bronchitis the cause is non-specific, and is limited in its effects to the mucous tissue; whereas, in hooping-cough the cause is a specific poison, which not only irritates the mucous membrane, but likewise involves the nerves of the part, in a peculiar and specific manner; and this latter condition continues after the former has measurably abated.

The pathological condition which prevails in the nervous stage, demands our careful attention. It is well known that irritation of the laryngeal nerves is capable of producing a spasmodic state of the glottis, proportioned in violence to the nature and seat of the exciting cause. Thus foreign substances in the larynx causes violent spasmodic symptoms, and wounds or injuries of the pneumo-gastric nerve have been known to produce the same condition. Dr. T. Thompson witnessed a case in which exposure of the eighth pair, resulting from abscess, induced a spasmodic cough, not unlike that witnessed in hooping-cough, and which ceased when the wound was healed. M. Gendrin had previously reported a case nearly similar, which was witnessed by MM. Dupuytren and Husson. Now what is witnessed as the result of mechanical injuiries, is but an exaggerated degree of what arises from disease. Thus, spasmodic croup, hooping-cough and similar conditions which induce spasms of the glottis, owe their phenomena to irritation of the laryngeal nerves quite as certainly as in mechanical injury.

In hooping-cough, the disease lingers about the larynx, and is ultimately imparted to the sensitive and motor nerves of the part, which are concerned in the excito-motory or reflex system. The irritation involves first the superior laryngeal or sensory nerve of the larynx, which, through the medium of the excito-motary system, calls into action the inferior laryngeal or motor nerve. The machinery of the reflex system of the larynx being thus fully brought into play, the spasmodic constriction of the glottis necessarily follows, which establishes the difficult inspiration and *hoop* characteristic of the disease.

It is particularly important to bear in mind this special lesion, which runs through the second stage, because it apprises the practitioner of the seat of the irritation, and suggests the application of certain remedial agents, which otherwise would not be deemed appropriate.

The supposed affection of the *phrenic* nerve, and through it of the diaphragm, is evidently an error. A knowledge of the mechanism of the respiratory movements will teach us that the diaphragm is not, and cannot be, concerned in the violent and prolonged *expirations* witnessed in hooping-cough.

The *alimentary canal*, in simple hooping-cough, does not become prominently diseased. It is true Dr. Volz has pointed out an affection of the mucous follicles, bearing a resemblance to what occurs in some of the exanthema; but these lesions have not been sufficiently demonstrated to authorize their being classed with the common lesions of hooping-cough. The pharynx is frequently inflamed, and the œsophagus occasionally in the same condition, and where patients die from asphyxia, the stomach becomes engorged; moreover, the intestinal mucous membrane becomes diseased, as a secondary lesion, in certain complications. The stomach generally exhibits no symptom of derangement, and usually maintains its functions throughout the disease, except as they are interrupted by temporary vomiting.

It has already been stated that Dr. Volz classes hooping-cough with the exanthema; and it must be confessed the points of resemblance are greater than the dissimilarities. Hooping-cough is often associated with measles, from which we may argue some similarity or relationship in their causes. More or less cutaneous eruption, of different characters, has been observed; and although these inter-current affections may have been accidental, still we cannot avoid the remark that they occur *more frequently* in hooping-cough than in other diseases, which would imply some natural association. It is not expedient, however, to pursue this subject farther, as we are not able, at this time, to draw any practical conclusion from the view which Dr. Volz has taken, although we should bear it in mind in our future observations.

Complications.—One of the most important relations in which we can study hooping-cough is, the occurrence of secondary lesions during its progress. It seldom happens that the simple or uncomplicated disease proves fatal; and as its chief mortality arises from secondary affections, we are induced to regard them with peculiar interest. Let us consider these complications separately.

1. *Complications within the Chest.*—A variety of complications are met with in the chest, during the progress of hooping-cough; some of these belong especially to its early stage and are acute in their character, while others supervene

during the course of the more protracted cases, constituting chronic lesions. These affections involve most of the structures appertaining to the respiratory system, and may be thus classified. In the mucous tissue—*laryngitis, tracheitis, bronchitis:* involving the bronchial tubes—*dilatation:* involving the air-cells—*emphysema, atalectasis:* in the parenchyma—*pneumonitis, congestion, œdema, tubercules:* involving the pleura—*pleuritis, hydrothorax:* of a complicated character—*pneumo-thorax.*

Bronchitis is one of the most common complications of hooping-cough. The essential pathology of simple cases being a mild excitement of the mucous membrane of the air-passages, the supervention of *acute* inflammation is always to be apprehended, when the usual exciting causes are encountered. In consequence of the irritation of the mucous membrane, extending from the larynx to the bronchi, a general exciting cause, such as cold, or the special intensity of the disease itself, may induce either laryngitis, tracheitis or croup, or bronchitis; but as a general rule, the latter is the lesion we may expect to encounter. It appears from the statistics which have been published on this subject, especially by Rilliet and Barthez, that bronchitis occurs, fully developed, in one half of the fatal cases, and is constantly present, if death occur after the twenty-seventh day. In protracted cases, it is usually associated with pneumonitis. The appearances exhibited post-mortem will vary materially with the acuteness and duration of the disease. In recent, acute cases, the changes will be those of idiopathic bronchitis—such as redness, thickening, softening, and various modifications of the secretion; but in the more protracted or *chronic* examples, we find associated with the inflammatory disease, *dilatation* of the small bronchi. This state of the tubes is probably produced, as the same condition is in primary bronchitis, namely, by the accumulation of mucus. Thickening and ulceration also result from the long-continuance of the disease, and even tubercles arise from the same cause, especially in scrofulous subjects.

The signs and symptoms indicative of the accession of acute bronchitis, are, increase of fever, hurried respiration, more frequent and severe paroxysms of coughing, diminished, more opaque and glutinous sputa, together with the development of mucus, and not unfrequently, sub-crepitant rhonchi. As already intimated, the inflammatory action may seize particularly the laryngeal structures, constituting acute *laryngi-*

tis, or it may concentrate in the trachea and develop *croup*. The two latter complications, however, are comparatively rare, and are mere modifications in regard to location, of the general disease of the mucous tissue.

Fully developed and *general* bronchitis must be regarded as a most formidable complication, and which too often rapidly tends to a fatal issue, if not restrained by judicious treatment. There are two morbid conditions appertaining to such cases, which render them particularly dangerous: *the obstruction produced by accumulation of mucus in the bronchial tubes, and the increase of laryngeal spasms*. These two conditions strongly tend to induce a state of partial asphyxia, together with all the consequences, direct and indirect, which necessarily follow. In this condition of the circulatory and respiratory functions, the brain becomes almost invariably engorged, which may result in effusion, convulsions, or inflammation. The terminations of acute bronchitis are several; it may cause *obstruction* of the tubes and collapse of the cells; the inflammation may extend to the lungs and cause *lobular pneumonitis*; or, finally, if not cured, it may pass into the *chronic* form, with the lesions necessarily attending that condition.

The next complication, in point of frequency and importance, is *pneumonitis*. It is most frequently encountered in young children, although it is not confined to any age. Some epidemics seem peculiarly prone to this complication; but it is always liable to be developed during the spring, or in cold and variable seasons. Pneumonitis and bronchitis are very intimately associated as secondary lesions in hooping-cough; the latter, often extends to the pulmonary tissue, inducing lobular pneumonitis; and it is seldom that extensive inflammation of the substance of the lungs exists without involving the mucous membrane.

In those dying beyond the twenty-seventh day, pneumonitis is said to be invariably present; the same statement has been made with reference to *bronchitis*; hence, these two forms of inflammation often co-exist, and are by far the most common causes of a fatal issue. I am inclined to believe, however, that the conclusions of Rilliet and Barthez are too broad and indiscriminate; for we can readily believe that cases *may* terminate fatally, after the twenty-seventh day, as a consequence of diseases of the brain or intestines, without inflammation of the lungs. The statistics of Blache and Constant show that pneumonia existed in about *one-third* of the

cases of complicated hooping-cough, leaving the *two-thirds* to depend on some other complication.

The pneumonitis which supervenes upon hooping-cough is usually limited in extent, being confined to individual lobules, seldom occupying an entire lobe—it is hence called *lobular* pneumonitis. The extent of surface, however, which is actually diseased is often very considerable, for a large number of lobules may become involved, although the inflammation does not extend continuously.

The existence of pneumonitis is indicated by an increase and persistence of fever, hurried respiration, aggravation of cough, and the occurrence of the true *crepitant rhonchus*. If bronchitis be also present, the signs of the two will be variously combined. It is difficult, at times, to distinguish the crepitant from the sub-crepitant rhonchus, the latter, being very fine in children. We will be aided in a diagnosis by percussion, the sound being somewhat dull in pneumonia. It is mentioned by Dr. Copland that spontaneous vomiting occurs less frequently when this complication exists.

Pleuritis, although less common than the preceding complications, is occasionally observed. It may occur as an independent complication, or be the result of an extension of imflammation from the parenchema of the lungs to the pleura. In the latter condition, bronchitis, pneumonitis and pleuritis, may co-exist. Complicated pleurisy, as in idiopathic variety, may result in effusion, inducing *hydrothorax*. A state of congestion of the pulmonary tissues generally is capable of producing hydrothorax; but it is a complication not very common in hooping-cough, in either inflammation or congestion.

Dilatation of the tubes, as a consequence of bronchitis, does not require any special description in this connection. It usually arises in protracted cases, in which there is a large secretion of mucus, occurring in a weakened state of the tissues. It is a purely mechanical condition, and admits of no remedy, except such as may be directed to the primary disease. If the dilatation is large, and the cavity filled with mucus, the cavernous rhonchus will be produced, which might readily be mistaken for a tuberculous cavern.

Emphysema is one of the consequences of bronchitis, whether that disease exist as a primary or secondary affection. But singularly enough, emphysema is less frequent in the bronchitis of hooping-cough, than when the inflammation occurs as a separate disease. The reason, however, for this

seemingly strange exemption is quite obvious; it is referable no doubt to the forcible and prolonged expiration, by which so large a portion of air is forced out, while its admission is scanty and difficult. Hence we perceive, that instead of air being forcibly introduced and partially retained, as in common bronchitis, the opposite conditions obtain, and, therefore, the expansion of the cells is prevented. Still emphysema is occasionally observed in hooping-cough, especially when the disease becomes chronic, and partakes of the nature of ordinary bronchitis.

The opposite condition of the cells, a state of collapse called *atalectasis*, not unfrequently occurs. It is caused by a complete obstruction of the bronchial tubes, by adhesive secretion; and as the cells become exhausted by the violent expiratory movements, they necessarily collapse, and finally become obliterated. When this condition is limited to a few lobules, it gives the appearance of slight indentations or puckerings, and causes but little inconvenience; but if the obstruction be extensive, the lung exhibits the appearance of *carnification*, and the consequences are serious and sometimes fatal. Atalectasis is more apt to occur in young children. The general account already given while discussing the subject of bronchitis, is equally applicable to the same condition when complicated with hooping-cough.

Pulmonary *congestion* and œdema occur more frequently in hooping-cough than is generally supposed. It cannot be doubted that the violence of the cough, inducing partial asphyxia, and necessarily great obstruction to the free passage of blood through the lungs, will strongly tend to produce congestion and œdema. This condition of the lungs is characterized by a continuance of the lividity and dyspnœa, for a period longer than usual after the paroxysm ceases, and it may become somewhat permanent, especially if a considerable degree of œdema be present; but at the same time, it will be remarked, that *fever* is not present, or that it is too slight for the difficult respiration to be the result of inflammation. Such a condition, moreover, tends to oppress the brain, and hence the patient remains drowsy and listless, or may, in extreme cases, become comatose. We cannot fail to perceive the importance of this complication, and that it should engage the most anxious solicitude of the practitioner. It has previously been stated, that some degree of congestion and œdema are common to the complaint, and may be regarded as a part of its primary pathology; but the same lesions, more strongly developed, occur as complications.

The development of *tubercules*, it may well be supposed, will occasionally follow hooping-cough, especially if the disease become protracted, and occurs in a scrofulous constitution. It is not often, however, that this termination of hooping-cough is witnessed, especially in the United States. In the larger European cities, where impure air and scanty food add their influences to those of the disease and constitution, it is doubtless of much more common occurrence. The deposit takes place in the substance of the lungs, and in the bronchial glands. When the tubercles soften, the ulcerations may extend so as to form communications with the pleural sacs, and thus establish *pneumothorax*. Such a result however is very rare, and claims but little attention in this connection.

2. *Complications with diseases of the Brain.*—Affections of the brain, occurring during the course of hooping-cough, embrace inflammation, congestion, effusion and softening. Inflammation of the meninges or substance of the brain, occurs most frequently during primary dentition; it is more liable to arise, also, when gastro-intestinal irritation complicates the cough, than in the simple forms of the disease; but should the irritation of teething and gastric disturbance coexist, the brain becomes peculiarly subject to inflammation. The consequences of cerebral inflammation are always of the most serious character; when seated in the membranes it is apt to give rise to effusion, more or less extensive, beneath the arachnoid, or within the ventricles, and generally convulsions or coma. When the disease is located in the substance of the brain, it is prone to induce softening, and ultimately paralysis.

Congestion of the brain arises, as previously explained, from mechanical obstruction to the free return of venous blood from the head; and may exist wholly independent of inflammation. The results of congestion, when intense, are often formidable; it gives rise to effusion and convulsions, when profound or long continued.

The symptoms of inflammation are those which belong to that disease in general, especially those of general and local excitement, acute pain in the head, contraction of the pupil, delirium, hurried breathing; and, finally, convulsions and coma may supervene. Congestion is characterized by less active phenomena: the patient is listless and drowsy, pupil dilated, pulse often slow, breathing oppressed, together with convulsions and coma, in severe cases; but, there is this re-

markable fact, that *fever* is absent. The absence of excitement (except it arise from *some other* inflammation) will serve to distinguish mere congestion from inflammation.

Hydrocephalus, being a secondary lesion, may arise from either congestion or inflammation. It is usually ushered in by convulsions, or is speedily followed by that condition; but in some examples no convulsive movements are witnessed, the patient gradually passing into coma. The approach of convulsions, from whatever cause, is strongly indicated by swelling of the tops of the fingers, flexion of the thumbs, increased spasm of the glottis, and lividity of the countenance continuing after coughing. The existence of softening and effusion is pretty clearly indicated when the convulsions or paralysis are limited to one side of the body.

3. *Complications with diseases of the Alimentary Canal.*—The alimentary canal is liable to irritation and inflammation during the progress of hooping-cough. Inflammation of the fauces is quite common, and the same condition of the œsophagus was witnessed by Copland and Ozanam; the mucous membrane of the cœcum, colon, and other portions of the tube, have been found inflamed and ulcerated, together with enlargement of the mesenteric glands.

The biliary secretion is liable to become deranged, and in some examples it is a prominent symptom. The great obstruction in the pulmonary organs favors an accumulation of biliary material; and if vomiting should not regularly occur, the effects of such a condition will soon become apparent.

Irritation of the stomach and bowels is shown by the condition of the tongue, tumid abdomen, loss of appetite, sallow complexion, and usually loose and fœtid stools. The tongue varies with the state of the secretions; if mere irritation exists, without marked derangement of the liver, it will exhibit *redness* as the most marked condition; but if the biliary secretion is greatly deranged, the tongue will be coated with a dark fur, with the papillæ often projecting through it, or with red edges. In addition to these symptoms, fever of a remittent type, soon becomes developed, especially if the liver is much involved.

Gastro-intestinal irritation, and the development of fever, add greatly to the dangers and difficulties of the disease; the cough becomes more frequent, does not terminate in vomiting, nor with a free discharge of mucus; the breathing is hurried and oppressed; the appetite fails or is entirely wanting, and the patient rapidly emaciates and becomes prostrated.

It has already been remarked that this complication greatly increases the tendency to cerebral disease.

The difficult breathing arising from intestinal irritation and remittent fever, can readily be distinguished, by the careful observer, from that which depends on inflammation within the chest. The presence of the special symptoms belonging to affections of the alimentary canal, and the absence of those which characterize pulmonary disease, will be sufficient to identify *gastric irritation, causing remittent fever.*

ART. II.—*Operation for Lithotomy.* By ALDEN MARCH, M. D., Prof. of Surgery in the Albany Medical College of N. Y.

Dr. M. F. Arendel, of Beaufort, North Carolina, brought his only son, master William, aged four years, a bright and black eyed hardy looking little fellow, having a urinary calculus in the bladder, to this city, with a view to place him under my care for the operation of lithotomy.

On his way to Albany he stopped in New York, where the patient was sounded by Dr. Post, who decided that a stone was lodged in the bladder.

The Doctor, son, and nurse arrived in this place on the 23d of May, at a time, as it happened when I was quite busily engaged professionally and otherwise, and in consequence of some delay in procuring suitable lodgings, in sounding, and in other respects, preparing the patient for the operation, it was deferred till Saturday, May 29th, 1852, when by the aid of Prof. Armsby, of the Albany Medical College, and in the presence of several physicians and medical students, I proceeded to operate, (after the child had been placed under the influence of ether), by the lateral method, and with the knife; and in a minute and a half or two minutes, the stone was extracted. It was about three fourths of an inch in length, and half an inch in the smallest diameter, and weighed one hundred and four grains.

There are but two or three points in the case worthy of note, so little does it differ from the majority of this class of cases; nor should I think it hardly worth while to report it at all, were it not that I desire to point out and request that a typographical error in the American edition of Druitt's Surgery should be corrected.

In the report of the committee on Surgery of the "Ameri-

can Medical Association" for 1848, on the operation for the extraction of stone from the bladder, by American surgeons, I find the following remark:—"From communications that have been made to the committee, it appears that Dr. Marsh of Albany, has operated by the lateral method, seven times, all of which were successful." There is a young Dr. in Albany, by the name of Marsh, who is not unfrequently called on by strangers, when their intention was to call on Dr. March. The mistake arises, as the reader will observe, by substituting s for c. I had noticed this error in the orthography of my name, soon after the publication of the work in which it occurs. My attention was recently directed to it by Dr. A., who advised me to embrace a suitable opportunity for correcting the error.

Dr. Arendel, who is an intelligent practical man, and who graduated from one of the New York Medical Colleges some ten years since, informed me that in a few instances of those cases of lithotomy that had fallen under his observation, the patients had been troubled with incontinence of urine, which seemed to be one of his greatest fears (next after a fatal issue), as the result of the proposed operation on his little son.

So little had my patients been troubled with such a difficulty resulting from my operations, that it had no place in my mind among the accidents, or bad consequences of the operation.

I have operated four or five times since my report of 1848, and in no instance has death been attributed to the operation. In one case the patient died from an attack of acute rheumatism, between two and three weeks after the operation.

A post mortem examination was had, and all the pelvic vicera were found in good condition, and although two calculi were extracted at the time of the operation, at the post mortem, a calculus about the size of a marble was found embedded in the mucous coat of the fundus of the bladder. I have operated on persons between two and a half, and over seventy years of age, and in only one instance have I failed in finding and extracting a stone.

The points of interest about the case of the son of Dr. Arendel are, the general good health of the patient—the moderate degree of suffering—the rapidity of the cure—and the fact, that from the very moment the water commenced to pass by the urethra, his perfect power to retain and expel it at his will.

On the ninth day after the operation, the urine, every drop of it, passed by the urethra, and uniformly in a full stream, and in quantities of from a gill to half a pint at a time; and on the eighteenth day after the operation, the wound was nearly healed, and the patient so far restored as to be able to start on his return journey for North Carolina.

Art. III.—*A paper on Diptheritic Angina*, read by Dr. W. C. McBride, of Marshall, Highland Co., O., at a meeting of the Highland Medical Society, December 31, 1851.

There has been but one epidemic worthy of notice, in the vicinity of Marshall, within the last year, and as that has been of a fatal character, I shall proceed to give a brief account of it. As some time has passed since it prevailed here, I cannot give a statement of each case, but shall attempt to give a short description of its general character.

The first thing complained of by the patients was sore throat, which was but slight for the first few days, after which it became more severe, deglutition became more or less difficult, and there was generally some external tumefaction, sometimes confined to one side, and generally more on one side than the other. The fauces then presented patches more or less extensive, having some resemblance to ulcers or sloughs, but on a close examination, the mucous membrane was found to be entire, and the patches could be removed with more or less ease. Sometimes they could be peeled off easily with the handle of a spoon, in other cases they adhered very firmly. The surface of the membrane beneath them, was intensely red, and seemed to be entire but highly inflamed. In some cases this exudation or pseudo-membranous substance was very extensive, covering almost the entire fauces with one continuous sheet. It was generally more extensive on one side than the other, and this was the side where the swelling was the greatest. In other cases however, it was but slight, perhaps confined to one tonsil and one side of the uvula. At what time this exudation commenced after the first symptoms of sore throat, it is impossible for me to say, but it was generally present when I first saw the patient, and some cases I saw soon after the first complaint was made. I am led to believe that it generally commenced within a day or two, and probably in some cases

within a few hours after the soreness was first felt. The fauces did not present the same appearance every day; some patches having disappeared while others had been formed. This made the contrast very striking between the lately denuded surface which was of a deep red, and the grayish colored patches of the exudation.

In a few cases the nasal passages seemed to be affected, for there was a copious discharge of fetid matter from the nares and generally more from one side than the other. The breath, however, was extremely offensive in almost every bad case.

In one half the whole number of cases, the respiratory passages became affected, and I believe lined with this same diptheritic exudation seen in the fauces. These cases presented all the symptoms of pseudo-membranous croup. In most cases this complication seemed to be the result of the extension downwards of the exudation; in one case, however, it seemed to come on simultaneously with the throat disease, and in that case the soreness and swelling of the throat were but very slight.

At the beginning of the disease the bowels were generally costive, the pulse frequent, and in some cases rather feeble, in others it had considerable force. The stomach was generally irritable and in most cases there was occasional vomiting.

The symptoms of croup did not as a general thing appear for several days, say four or five, after the throat was discovered to be sore. The hoarseness of the voice came on suddenly, and increased rapidly, until the voice was entirely lost in a whisper; this generally happened in the night. At this time there was the cough which is peculiar to croup. The difficulty of breathing for the first day or two was not great (except in those cases that run a very rapid course), but it gradually increased, generally by paroxysms, each one becoming more severe until death closed the scene. This generally happened in from three to six days after the appearance of croup. The pulse frequent from the beginning, towards the last became exceedingly so, sometimes amounting to one hundred and fifty or sixty a minute, and I believe sometimes even beyond this.

But it is useless to say more about the symptoms of these complicated cases, for they were precisely those of croup, with the exception, probably, that there was rather more debility from the beginning.

In a post mortem examination of one case, a false membrane was found, forming a complete tube, and lining the larynx, trachea and right bronchia. This membrane was thin in the larynx, but in the bronchia and lower part of the trachea it was perhaps between a sixteenth and an eighth of an inch in thickness. It was easily separated from the mucous membrane of the trachea, and in some places it was already separated. This separation seems to have been affected by the formation of matter between the true and false membranes. The right bronchia was filled with a kind of muco-purulent matter that completely excluded the air from the right lung, which was very much congested with venous blood. The tonsils were considerably swollen and if not gangrenous were approaching to it, for the odor from the fauces was almost intolerable, and precisely that of the breath a few hours before death. This case, while living, presented the same general characters of all the other cases; its duration however, was rather longer, the difficulty of breathing was not quite so great, and the odor of the breath rather more disagreeable.

With regard to the cause of this epidemic I can say but little that will be satisfactory. So far as I can ascertain, there has never been anything of the kind in the vicinity of Marshall before. Why it should prevail so severely here in the summer time, and four-fifths of the cases be in the small town of Marshall, is a fact for which I can give no reason. The general health of the village and country around, was as good as at any former period. There was no diarrhœa, but very few cases of dysentery as in other parts of the country, and indeed, no other sickness more than common. The peculiar cause then seems to have no power of generating any other disease except the one in question. It made its appearance about a mile north of town about the first of June, and the last case was about the middle of November, during which period of time there has been twenty-two cases: of these ten were males and twelve females.

Of the whole number of cases, eleven or just one half, suffered in the respiratory passages, four males and seven females. Of these eleven eight died, three males and five females; three recovered, one male and two females. Of the other eleven, in which the disease was confined to the fauces, six were males and five females.

It was a popular opinion during the prevalence of the disease, that it was contagious, and I believe that many medi-

cal men are of opinion, that diptheritic or secondary croup is quite a contagious disease. Now whether any of the Marshall cases were communicated by contagion I cannot tell. One thing is certain, a number of the cases occurred without having been exposed by contact with others. For instance, the first and second cases both occurred about the first of June, one a mile in the country the other in town, without either having been exposed to the disease. After this there were no more cases till about the 20th June, when there were four cases about the same time, all of which took it without having seen either of the two preceding cases. By the fifteenth of July there had been twenty cases; since that time there have been but two cases, one about the 10th August, the other about the 17th November. Now whether any of the above cases were the result of contagion it is impossible to say, for a number of these must necessarily have been exposed to the disease. In one instance it seemed highly probable that the disease was communicated by contagion. A girl aged about fourteen living about eleven miles south of Marshall, came there to see her friends while they were afflicted with the disease. She returned home, and after a few days her throat became sore. As I did not see her I cannot say with certainty what was the nature of her ailment, and her case is not enumerated above; she had no treatment, and did well. Yet I think it very probable that she had a slight attack of the same disease, for her little brother, in about twelve days from the time she complained, took the disease, and after having sore throat for four or five days, symptoms of croup came on. This was on Friday, and on Monday following he was brought to Marshall for me to see him and on Wednesday morning he died. There can be no doubt of his having the disease exactly as it occurred in the other fatal cases, for on Tuesday he expectorated a portion of the false membrane, which I saw. After his death there were three other cases, all within a mile of the same place, and two of them in one family. All three of these cases died, but as I did not see any of them I cannot tell whether their disease was the same or not, but I have but little doubt of it. I was told they all had sore throat before symptoms of croup came on, and from the account given of them, I am inclined to think they all died with precisely the same disease. All three of these cases I was told had opportunities to take the disease from the little boy who was brought from there to Marshall with it. Now this affords some evidence of conta-

gion (if these three were really cases of it); when we consider that the disease as it occurred in Marshall, was nearly confined to the town, there being but four cases out of it, two of these were about a mile north of the village, and within sight of each other; one about a mile south, and the other half a mile east of town. There were but few instances of children having been exposed to the disease that did not take it; yet there were a few thus exposed who had no symptoms of it as far as I know.

Of all the cases, there were but two that were over fourteen years of age, and these were over twenty. The two girls who recovered from secondary croup were aged respectively twelve and fourteen. The little boy that recovered was between four and five. The youngest one affected with the disease (a boy of 18 months) died. The oldest one that died was a girl nearly fourteen years of age. The weather was extremely wet during the prevalence of the disease, but this was the case throughout the country, while the disease was almost entirely confined to Marshall. It is probable, however, that the dampness of the weather had something to do as an exciting cause, for during the dry weather of the fall, there was not a single case of the disease; and the last case happened in November during a wet spell of weather.

As regards the treatment of this disease, further experience is wanting to determine the best mode.

If it were not for the disposition of the disease to travel downwards to the respiratory passages, it would be comparatively harmless, indeed this complication constitutes its chief danger. Our efforts, therefore, should be directed to the prevention of this complication.

Unfortunately I did not see the first four or five cases until after this had happened. Indeed of all the eleven cases in which the complication existed, there were but three of them that I saw before this had happened. Of these three one was treated with a very strong solution of sulphate of zinc to the fauces twice a day, with a dose of calomel and jalap every evening. This was cotinued for three days, when the child was thought to be about well. No more attention was paid to him for three days, when all at once his voice became whispering, and I was called to see him. I immediately bled him and gave emetics of ipecac and antimony. Five grains of calomel combined with a little antimony were given every two hours, but cough and difficulty of breathing came

on and rapidly increased; great debility soon followed, and in about thirty-six hours he died.

One of the other cases, a girl aged about fourteen years, was bled, had powdered alum applied to the fauces, and a dose of calomel and jalap. This was about twenty-four hours before the symptoms of croup came on, for she had had sore throat four or five days before I saw her. She was now put on ten grains of calomel every two hours with a small portion of Dover's powder occasionally to keep it from acting too much on the bowels. The powdered alum was omitted to the fauces, and the calomel and opium continued for nearly four days, when the mercurial action became decided. The disease seemed to be steadily on the increase till this happened, and indeed by this time the respiration was extremely difficult, the respiratory muscles were strongly called into action, and the soft parts above the sternum were forcibly drawn in at each inspiration. The difficulty of breathing remained at about one thing for twenty-four hours after the mercurial action was induced.

The cough, however, was soon changed, it became more and more loose, expectoration in a few days became very copious; flakes of false membrane were coughed up, and also vast quantities of thick heavy matter; but the whispering voice remained for some time.

The other girl that I saw before the complication was about twelve years old, she was treated very much as the former one, with the exception that a solution of the nitrate of silver was applied to the fauces instead of the alum, of the strength of forty grs. to the ounce of water; it was applied twice a day; and calomel and jalap was given at night so as to produce free purging. Secondary croup came on after two days of this treatment, at which time the solution of the nitrate of silver was omitted, and she had an occasional emetic of lobelia and ipecac for the first day; after that Dover's powder enough was added to the calomel to keep her slightly under its influence. In three days from the time croup set in, a slight salivation was noticed when the calomel was omitted, she having taken eight grs. every two hours for three days. Expectoration soon commenced, but was not so copious as in the other case. Whether this was owing to large flakes of it having been thrown off at two or three different times, or whether the membrane was not as extensive as in the other case I cannot tell; but the difficulty of breathing was at no time near so great.

All the fatal cases were from two to three days advanced with the disease before I saw them, except the little boy whose case is related above. Indeed two of them were not my patients and I did not see them till a short time before death; these two were the oldest that died; one being twelve the other fourteen years: the latter one, two days before death, threw up a tube of membrane two inches long.

The reason I did not generally see these fatal cases till so late a period, was, that they nearly all happened in the early part of the epidemic, before the people became alarmed about it. Four or five of them happened nearly at once. The symptoms too, were not calculated to excite alarm, the hoarsness and sore throat were attributed to cold and the difficulty of breathing was generally not great for the first few days. These fatal cases were mostly treated actively with emetics and calomel; in some, the mercurial treatment was urged in doses from five to ten grs. every two hours, according to the age; in others it was used more sparingly, in doses of from one to three grains every hour or two.

But one case recovered that had the symptoms of croup for twenty-four hours before I saw him; this was the case that happened in November: it was a little boy about four or five years old. He was treated almost entirely with calomel and opium; he had ten grs. of calomel every four hours with just enough *pulvis Doveri* to keep him slightly under its influence. At the beginning he had an emetic of lobelia and ipecac; on the next morning I used the alum emetic and on that evening he threw up a portion of false membrane, a tube about an inch and a half long. After this he seemed much relieved for about twelve hours, when the difficulty of breathing gradually returned, and no hopes were entertained of his life. The calomel and opium were continued; five grs. of calomel were now given every three hours, and on the fifth day from the beginning of the treatment, the mercurial influence was discovered. The medicine was discontinued and from the extreme debility, efforts were made to give carbonate of ammonia; but from the difficulty of administration all medicines were withheld; and indeed at this time there seemed no hope of the case, for the quantity of matter in the bronchia seemed to be so great from the gurgling noise made in breathing, that it seemed every moment as if it would overwhelm the lungs. The debility was so extreme that expectoration seemed to be impossible, yet it was accomplished, and the amount expecto-

rated in a few days was incredible. He was allowed a nutritious diet, and in a week or so he was able to stand on his feet. His voice returned after about two weeks.

As it respects the extension of the disease downwards, I am inclined to think it can generally be prevented if taken in time; for out of fourteen cases that I saw before this complication, it happened only in three. How far this was owing to treatment it is impossible to say, for many of them might have done well if left to nature. But when I consider that all the cases that had no early treatment ran into this complication, and that all the cases that had early and energetic treatment escaped it, I cannot resist the belief that the treatment had something to do in preventing it.

These cases were nearly all treated with a very strong solution of nitrate of silver to the fauces, the strength of which was from forty to fifty grs. to the ounce of water.

The other treatment consisted in keeping the bowels open (which were generally costive) with an occasional dose of calomel and jalap. In the milder cases, and in the more severe cases the mercurial treatment was urged. I am inclined to think that some of these cases might have done well with some other cathartic than calomel, but for fear of croup it was thought best to have the system ready for the mercurial impression. Most of these cases were not brought under any perceivable mercurial influence, and in these I think any other good cathartic might have answered the purpose. I am of opinion that the good effects of the treatment were principally owing to the local application of the nitrate of silver. It was appled to the fauces by means of a small piece of sponge, tied to the end of a stick. But after the larynx is affected it could do no good applied to the fauces, and I did not apply it to the larynx in any case, owing to not having any suitable instrument for the purpose, and not having experience in the operation, which is necessarily difficult in children.

In these complicated cases, I depended principally on calomel. I am not certain that I derived any permanent benefit from emetics of any kind, they seemed to mitigate the difficulty of breathing for a short time, but it soon returned with all its former violence; they seemed to fatigue and vex the little sufferers, and make them more unwilling to take other medicine. I noticed that in the cases in which opium was used, there was but little of those severe paroxysms of difficult breathing that were present in the other cases. I think it had the effect of relieving the spasmodic contractions of the

rima glottidis, at least those cases that were slightly under its influence progressed more evenly than those in which it was not used, and were nearly alike bad at all times. One thing is certain: after the false membrane is formed, emetics can hardly remove it, and the disease must go through a certain course of changes before recovery can take place. A process of suppuration commences on the surface of the mucous membrane, which causes the false membrane to separate, while the latter itself becomes softened and is coughed up, sometimes in flakes, and sometimes dissolved.

Now if the patient can be kept alive till this change commences, the chances are, that recovery will take place if the debility is not too great, and there is no other serious complication.

I believe that the severe paroxysms of difficult breathing, are certainly owing to spasmodic contractions of the rima glottidis; for the change in the breathing which was comparatively easy at one time, and exceedingly difficult at another, cannot be owing to any change in the exudation within the respiratory passages; and if it is owing to spasm, any thing that will allay or prevent this, must offer a great chance to prolong life. Whether opium will be found to do this generally or not, I cannot tell; but if it will, it must be a valuable remedy in the treatment of croup. Of course it should be given with the greatest caution to children at all times: in small doses at first and gradually increased. It will at least keep the large doses of calomel from operating too much on the bowels, if productive of no other good. I also think it will be likely to prevent or mitigate the severe irritation of the bowels, sometimes caused by calomel.

As regards the use of calomel, I would just say, that I used it in doses of from five to ten grs. every two hours, and in some cases without intermission for several days, and in no case did any harm result from it. Several cases were slightly salivated, but no case severely; and in every case where this happened, recovery followed, and in no case did recovery take place without it.

I do not believe that emetics exercise much control over this disease. They relax the spasm of the glottis for a short time only, and we cannot always keep it relaxed in this way; they can do nothing to prolong life until suppuration commences, and I believe the growth of the false membrane is not at all arrested by them. The chances of throwing it up by emetics is exceedingly slim, it may be coughed up, but whether emetics assist much in its expectoration is doubtful.

Lobelia and ipecac perhaps are best for this purpose. Antimony may be of use in those cases where there is much fever, and the grade of inflammation runs high.

I do not believe that blood-letting was justifiable in many of the cases. In those where the pulse seemed to indicate it, it did not seem to exercise that control over the disease that it does over other kinds of inflammation. It may do good however in some cases, if employed at the very beginning. Perhaps it may increase absorption, and favor the more speedy action of the calomel. Emetics from their nauseating effects, perhaps, may have something of the same effect.

As to the blisters and counter-irritants, they can be of little or no use, except in the last stage, when stimulating applications, by bringing the blood to the surface of the body, may do good by assisting in its oxidation.

ART. IV.—*Milk Sickness.* I. S. SWAN, M. D., of Henderson, Ky.

In relation to the origin of this disease, I have nothing to say—for the best of reasons, that I know nothing which is satisfactory on that point. The disease is readily recognized in localities where it is found, by the distressing and obstinate vomiting, in all acute cases, and an odor peculiar to those suffering from it. Chronic cases may be known by nausea, a sluggish state of the bowels, and an indisposition or inability to move about. The "Tires," so called by the people, I deem a very appropriate name for this form of the disease.

My present purpose is mainly to present to the readers of your valuable journal, a mode of *treatment* I have found almost invariably successful, after an experience of more than twenty years; in fact, I am not aware of any case in which it has failed. In acute cases, I give calomel in doses of ten to thirty grains, made into pills with soft bread, which are allowed to dry. This is followed in a few hours by a cup-full of an infusion of senna, containing epsom or glauber salts in solution, after each spell of vomiting. At the same time, a folded cloth, wet with water, should be applied to the throat, and also to the stomach, provided there is more than a natural heat at the epigastrium. If there is not, or the temperature is reduced, a mustard plaster may be more appropriate. Instead of the senna and salts, I sometimes use the Seidlitz powders, or a mixture of cream of tartar and jalap. I do not,

however, attach any specific effect to these articles, beyond their purgative qualities, and they are preferred on account of the certainty of their operation. Stimulating enemeta are often useful in hastening purgation. In very severe cases the abdomen should be vesicated with cantharides, or irritated by some other effective means, for the purpose of allaying, in some measure, the vomiting. I have very rarely produced salivation, and when this result is to be apprehended, it may be prevented by exhibiting small portions of the supercarbonate of potash, or saleratus, which is generally found in every house.

In regard to the use of opium, I speak only to express my decided disapprobation of its use. The torpor of the liver, and stubborn constipation of the bowels, are aggravated by it, although it may sometimes tranquilize the stomach, and produce a little momentary relief in that way.

In chronic cases the treatment does not vary essentially. As a purgative, I generally use a pill of calomel, aloes and rhubarb, which I sometimes follow with a saline cathartic, for the purpose of hastening an evacuation of the bowels. In all cases I consider that the administration of a purgative is necessary, that will stimulate the liver to secretion, and evacuate the bowels freely; so not only to restore the natural function, but, at the same time, to eliminate the noxious poison from the system.

ART. V.—*Diseases of Milton, Wayne County, Ia.*

DR. MENDENHALL:

Chairman of the committee of the Am. Med. Association on the Epidemics of Ohio, Indiana, and Michigan.

Dear Sir.—In conformity with the suggestions of your circular, I forward to you a concise summary from my notebook; which was commenced late in July last. Those diseases which are common to all seasons and all locations, have not been noted, and several sporadic cases of diseases that sometimes prevail epidemically, such as erysipelas, are not embraced here. But little of an interesting nature, has occurred within my notice; but if every physician, within your assigned limits, will furnish you a simple abstract of facts, as they have occurred under his observation, I cannot doubt that you will find yourself in possession of a mass of

facts, capable of shedding great light upon the causes, nature, and the treatment of our diseases.

I am very truly yours, V. KERSEY.

March 1st, 1852.

Milton is situated on the west bank of W. River, the west considerable branch of Whitewater, 1½ miles south of the National road, in the south west corner of Wayne County. The country in this vicinity is without considerable hills; is gently undulating, and remarkably well watered. The soil is in many places alluvial, resting upon a bed of gravel. Remote from the river the foundation is frequently, but not uniformly argilaceous. Stone is rare; where it occurs, it is mostly limestone. The country has been heavily timbered; but is now extensively cultivated, and is exceedingly productive. The village, which is small, containing less than a thousand inhabitants, is built on a plain, termed the *second bottom of the river* and is about thirty-five feet above *low-water*. The Whitewater canal passes through it from north to south.

The spring of '51 was remarkably pleasant, frequent gentle showers, but no high water, the ground remaining drier than usual, throughout the season. June, like the preceding months, was dry, and exceedingly pleasant. In July some heavy rains, rather a wet month, but the streams were only slightly swollen. Temperature mostly pleasant, a few days quite warm. August for the first ten days was like July, rather wet, and quite warm. After that, no rain, and not warm. September was without rain throughout, except a few light showers, during the last week. The first half of this month was extremely warm—Tem. from 85 to 100 degs. in the shade. After the middle, cooler, and on the nights of the 24th and 25th smart frost. On the evening of the 29th, for about four hours, the northern hemisphere was illuminated with the rosy light of a magnificent *Aurora*. October was perfectly dry and rather frosty, till the night of the 11th, when gentle rain commenced, and continued throughout the 12th. On the 18th, gentle rain, with thunder and lightning. On the 27th, a light snowfall. November was remarkable, only, for the amount of snow that fell, which was greatly more than usual for this climate. It seemed to take the place of rain, which was rare and light. December, up to the 14th, was much like the preceding month—from this date to the 27th it was exceedingly cold—the morning sometimes 12

deg. below Zero. On the night of the 29th, heavy rain, with frequent, vivid lightning, and loud thunder. Tem. above 60 deg. January, at first, was mild, but soon got cold, and continued so, with frequent blustering snowstorms, till the 19th, when the mercury stood at 15 deg. below zero. From this, there was a gradual rise of temperature till the last of the month, when it was rainy and thawing. February was without excesses, some rain, some snow, mostly freezing at night, but frequently thawing some in the day. The streams were icebound this winter at the lowest stages of water; and continued very low all winter. The season was remarkable for heavy crops of all kinds, except fruits, of which there was none, owing to a hard frost late in the spring.

The health of this portion of the Whitewater valley has been better for the past year, than for many preceding. Our usual autumnal diseases were rare in their attacks and generally mild. Epidemic and contagious diseases have scarcely been among us. What is quite rare, no case, I believe, of Scarlatina, Measles, or Whooping-cough has occurred in the village, or its close vicinity during the past year.

From the 28th of July, '51, to the last of January, '52, 69 cases of fever were treated. Of these, 48 were intermittent, and 21 remittent fever. 41 were adults, and 28 were under that age. 4 cases occurred in July, 12 in August, 29 in September, 14 in October, 3 in November, 4 in December, and 3 in January. 4 cases were complicated with convulsions—these were all children, and affected with the intermittent form of the disease. Cerebral disturbance, of some kind, was rather common—several patients had venous congestion of the brain, and consequent torpor, amounting to temporary insensibility. Others suffered from over activity of circulation in the same organ, producing excitement of intellect, and the senses; and in a few cases, transient phrensy. Some had congestion of the abdominal viscera—in two cases this was so decided as to occasion large serous and bloody stools. Several cases were complicated with diarrhœa.

One boy, seven years old, had Quotidian intermittent for a week, during which he had several severe turns of epistaxis. His parents gave him "*Graves' anti fever-and-ague pill,*" this was followed by frequent vomiting and purging. After this was continued for two days, he was seen in the evening, and found with the head, chest, and abdomen rather warm; extremities cool; countenance pale and pinched; tongue red, smooth and glistening; thirst great; vomiting and purging urgent,

evacuations fluid; pulse frequent, soft, and feeble. Small portions of Camphor, Dovers powder and chalk were ordered till his stomach and bowels should become quiet; then quinine. He was reported to have passed the night comfortably, but a chill occurred at an early hour in the morning, vomiting purging and collapse ensued, and he died at 6 in the evening without reaction, notwithstanding the usual means, with a view to that end, had been applied with some vigor most of the day.

A healthy young man slept, unprotected, on the deck of a canal-boat, after hard labor during a warm day. The dew and fog were heavy. He was unwell in a few hours, had a chill next day, and one or two afterwards. These were arrested by the usual means, but he at once lapsed into a condition of remarkable adynamia, in which he continued for a number of weeks. He had no pain, no fever, no appetite, and but little functional activity of any important organ. An effort to turn in bed produced a state approaching syncope. His pulse was from 38 to 50 per minute, regular, and of moderate strength; his respiration was from 8 to 12, calm and comfortable. Food was frequently ejected shortly after it was taken, without much nausea. Emaciation was gradual but became extreme. The tongue was generally clean and moist; and no unusual tenderness of any organ was discovered, although he was carefully examined by two other physicians. The bowels were decidedly slow. A number of articles of medicine were tried for his relief; among them quinine, camphor, carb. ammonia, serpentaria, arnica flowers, &c., but he seemed to derive more benefit from valerian, cimicifuga, and oil of turpentine, than any others. He ultimately recovered, after more than six weeks of close confinement. These two were the most remarkable cases of the season.

The general treatment of the whole number, was probably about what is common in similar states, consisting mainly of blood-letting, emetics, cathartics, anodynes, and tonics. 5 were bled at the arm; 4 were cupped; 7 had emetics; 41 had mercury to some extent, though no one was subjected to its constitutional effects; 28 had none; 68 had quinine; 1 had none. This latter agent was used early and fully in all cases of the remittent form. 1 patient was blistered (he of the canal boat) and most of them had either opium or some of its compounds. 68 recovered; and one died as above related.

Within the same period 16 cases of diarrhœa were treated. Of these patients six were adults; and 10 were younger. A few cases of cholera morbus and cholera infantum are included in this class. Vomiting was a prominent symptom with a number, and fever was still more constant. The treatment was not uniform; but consisted very commonly of minute portions of calomel, with ipecac, camphor, morphine, acetate of lead, or some other adjuvant, which the peculiarities of the case suggested. A mixture of equal parts of tinct. of rhatany, tinct. of lavender com., and champhorated tinct. of opium was used in many cases. These patients all recovered.

Seven cases of dysentery were treated; these were all adults, 3 males, 4 females. The treatment consisted principally of moving the bowels freely with bi-tartrate of potassa, followed by full anodynes, and finally, pulverized fresh charcoal. The patients all recovered.

About the middle of December, a severe catarrh prevailed as an epidemic. The most constant symptoms were chilliness, severe head-ache, pain and soreness of the chest, thirst, loss of appetite, constipation, slight fever, severe cough. The resonance on percussion of the chest was not generally much changed. The sibillant and sonorous rhonchi prevailed for a few days at the onset, and were generally succeeded by the subcrepitant rhonchus. Purgatives, sedatives, anodynes and expectorants appeared to be useful in this influenza. A few children had croup, and a few adults pneumonia, about the time this epidemic prevailed. But all the cases were so mild as to recover under the usual treatment.

ART. VI.—*Patent Medicine.* By E. BARTLETT, of Germantown, O.

The prevalence of empiricism throughout our country, and its rapid increase during the last few years, demand prompt and energetic efforts on the part of the medical profession, to eradicate this evil from our midst. Medicine has too long permitted her sceptre to be swayed by empyrics, and her rights monopolized by the proprietors of nostrums. Too long has she been doomed to contend alone against the obstacles which have been placed in the path of her advancement, and since the science of medicine has begun to assume an honorable position among her sister sciences, it is time the profession

should exert their energies, to assume their legitimate rights, and promote their future advancement.

During the last century, notwithstanding the opposition she has had to contend against, the science of medicine has rapidly advanced in improvement, and through pathalogical research, and the persevering efforts of her philanthropic members, she has attained the noble position she now occupies and at the same time has been stripped of her superstitious garb and clothed in that of truth and sound rational principles.

Empiricism has been, and is still, one of the greatest obstacles to the promotion of medical science, against which the profession have to contend. And while this deadly incubus is permitted to retain its empire over community, unchecked, spreading its evil influences upon either hand and toying with the welfare and lives of our citizens, as well as impeding the progress of the true principles of remedial treatment of disease, the efforts of the profession to elevate the character of medicine to that noble position to which she so ardently aspires, will prove in a measure abortive, and her progress will be necessarily retarded.

The country is becoming, daily, more and more flooded by the nostrums and filthy preparations of unprincipled quacks, who know little, if anything, in relation to disease and its appropriate remedial treatment, and who have as little regard in respect to the injuries community suffers in consequence, provided their pecuniary prosperity is advanced thereby.

The evils resulting from the use of those articles styled *patent remedies*, are two fold—first by occupying the period most proper for remedial treatment, by the administration of useless or deleterious compounds, and secondly by leaving each individual, however unqualified they may be to meet the indications of treatment, the judge and dispenser of remedies. The medical profession has, in many instances, rendered itself obnoxious to reproof, by lending their aid and influence in recommending those nostrums to the public. Such proceedings on their part indicate either gross ignorance of their responsibility as medical men, or an utter disregard for the welfare of the profession and of the public.

It is an object of vital importance to community, that the government should offer every facility to the advancement of medical science, by aiding and encouraging the efforts of the profession to promote, and removing all obstuctions tending to retard its improvement. The legislature of this state has

already enacted laws, regulating the sale of special poisons. Such enactment might be made more general in its application by including within its restrictive influence, all nostrums, and the self-styled patent remedies, many of which may be unobjectionable, in themselves, when properly administered, yet act either directly or indirectly as poisons when administered by persons entirely unacquainted with their therapeutic effects.

Let us then, as members desiring the prosperity of our profession, unite in a petition to our next legislature, representing to that body the evils resulting from the use of empirical remedies in their proper light, as well as the obstruction it places in the way of the advancement of medical science, asking them to enact some suitable laws prohibiting the sale of nostrums and all empirical remedies, under proper restrictions, prohibiting druggists and others from vending the same to any individual, unless such individual shall present a written prescription from some respectable physician, recommending their use to said person. Could we procure such an enactment in our state, community would suffer less from the avarice and ignorance of unprincipled men, and an important aid would be rendered to the advancement of the science of medicine.

PART II.

REVIEWS AND NOTICES.

ART.—VII.—*Clinical Reports on Continued Fever, based on Analysis of one hundred and sixty-four Cases; with Remarks on the management of Continued Fever; the identity of Typhus and Typhoid Fever; Relapsing Fever, Diagnosis, &c. To which is added a Memoir on the Transportation and Diffusion of Typhoid Fever, as exemplified in the occurrence of the disease at North Boston, Erie Co., N. Y.* By AUSTIN FLINT, M. D., Professor of the Principles and Practice of Physic, and of Clinical Medicine, in the University of Buffalo, and Editor of the Buffalo Medical Journal. Buffalo: Geo. H. Derby & Co. 1852. pp. 390.

This work is made up chiefly of *Reports* on continued fever, which were published at successive periods, in the Buffalo Medical Journal. During the time of the different publications, extra numbers were struck off, for the purpose of appearing in book form. This irregular mode of publication necessarily precluded systematic arrangement, and also gave rise to typographical blemishes, which, under more favorable circumstances, might have been corrected. We can readily excuse such defects, and shall pass them without further notice.

The *first* clinical report embraces 132 pages, consisting of an analysis of fifty-two cases, fourteen of which occurred in private practice, and thirty-eight in the Buffalo Hospital.

The author employs the term *continued fever* in a generic sense, embracing the *typhus* and *typhoid* forms. He expresses

the opinion, in limine, that although they admit of being *nosologically* discriminated, there exist no sufficient grounds for regarding the two forms of disease as radically and essentially distinct; "in other words, that continued fever is one disease, and that the divisions which it may be convenient to make, are based on differences which are nosological, rather than pathological, the uniformity of which, even for nosological purposes, not being perfectly reliable."

The author thus places us in possession of a clear and distinct proposition, which the ensuing analysis of the fifty-two cases is to sustain. If we at all comprehend the author's position, it is, that there are certain external differences between the phenomena of typhus and typhoid fevers, but that their *pathology* presents no such dissimilarity. This we must regard as a somewhat contradictory proposition, and we feel curious to know how the facts derived from the numerical method will sustain it. If this proposition be true, there is no necessary connection between *symptoms* and *lesions;* that is to say, two diseases exhibit certain "*nosological*" differences, so marked as to require separate classification; they are, nevertheless, *pathologically* identical! Let us see how the problem will be solved.

The author remarks, that in order to settle the question, it becomes necessary to discriminate, *beforehand*, between those cases which have been claimed to be *typhus*, and those which are properly *typhoid* fever. With this view, he proceeds to give the symptoms of each, and to note the differences. In following the author through his series of cases, we cannot stop to note every symptom mentioned, but we shall avail ourselves of the *principal* points, embracing those phenomena which are regarded as distinctive.

Age.—In twelve typhoid cases in private practice, the *mean* was 23 7-10; in hospital cases, 22 2-17. In ten cases of *typhus* the mean age was 26½.

General Aspect.—The author remarks that in a large proportion of cases, the face was more or less *reddened;* this

symptom was more frequent, and exhibited greater intensity, in the *typhus* cases.

Symptoms referable to the Nervous System.—In thirty *typhoid* cases, seven exhibited no delirium, in six it was active, and in seventeen it was passive. In twelve cases of *typhus*, not one exhibited *active* delirium; it was passive in eleven, and absent in one. It existed in all the fatal cases. The period at which delirium commenced was not sufficiently made out by the records.

Symptoms referable to the Digestive System.—The *tongue* generally exhibited a pathological condition, being more or less dry and coated. The most marked difference in the two forms of fever related to *redness*. In seven cases of typhoid it was red, but it was not observed in any of the typhus cases.

Alvine Discharges.—As the author justly remarks, the state of the alvine discharges presents an important point in relation to the diagnosis of these fevers. Let us note carefully the results of the cases before us. Of the thirteen *typhoid* cases occurring in private practice, *twelve* had *diarrhœa*, and of the eighteen hospital cases, diarrhœa was present in *nine*—that is, of thirty-one cases of typhoid fever, twenty-one had more or less diarrhœa. In thirteen cases of typhus, diarrhœa was present five times. *Hemorrhage* from the bowels occurred in only two cases, both of these typhoid. *Tympanitis* occurred in an equal ratio in the two forms of fever. *Tenderness* of the abdomen existed in eight of eleven cases of typhoid; in typhus, five cases out of eleven exhibit this symptom. In regard to *gurgling*, the records were imperfect, but indicated a greater frequency in the typhoid.

Cutaneous Eruptions.—In the *typhoid* cases the *rose* eruption was noted in twenty-three of thirty cases. These cases presented the eruption in that form which is most frequently met with in the typhoid variety, with few and unimportant exceptions. A *petechial* eruption was observed in one case. In the *typhus* form, the thirteen cases all exhibited the eruption which is supposed to characterize this form, differing

materially from the typhoid variety. One case, however, presented a combination of the two forms.

Symptoms referable to the Respiratory System.—As the symptoms connected with the respiratory functions offered nothing peculiar, we shall pass them by.

Epistaxis was much more frequent in the typhoid variety. In reference to the circulation, it was found that the average mean of thirteen cases of typhoid was 95 7-13, while in nine cases of typhus the average was 105 4-9.

Duration of the Disease.—In typhoid fever the mean duration was twenty days, while in typhus it was 14 4-5 days.

A second clinical report, occupying 173 pages, follows the first; and although some differences exist between the results of the two, still they so nearly agree that we do not deem it necessary to analyze the second. A *third* clinical report, occupying 54 pages, is introduced at the close of the work, which embraces an analysis of sixty-four cases, occurring in the Buffalo Hospital. Of these cases fourteen are classed as typhoid, and forty-three as typhus; five of the former and five of the latter proved fatal; thus giving a great preponderance to the fatal results of the *typhoid* form. *Post mortem* examinations were made in four cases of each class, and the remarkable fact developed, that the Peyerian glands were largely diseased in the typhoid fever, while they were scarcely affected in typhus.

The three reports made by the author, give the appearances of the small intestines, as found post-mortem, in thirteen cases of typhoid and eight cases of the typhus form, and one case having passed through both varieties. In the *typhus* cases the Peyerian and mesenteric glands were only *slightly* affected, though in each case there appeared to be some degree of hypertrophy, sufficient to render them *visible*. The author regards this as an important fact, and believes that it proves the incorrectness of the opinion entertained by some, that in *typhus* these glands are unaffected.

The *typhoid* cases, however, uniformly exhibited lesions

of the Peyerian and mesenteric glands, consisting of great enlargement of the former, causing them to project several lines above the mucous membrane, and in some instances they were extensively ulcerated. The *solitary* glands were also often affected. The following are the author's conclusions:

"These appearances show, in *typhoid* cases, a morbid deposit in the peyerian patches, taking place early in the disease, in considerable abundance, and in *typhus* cases simply a tumefaction. They show at a more advanced stage of the *typhoid* type, a sloughing of the enlarged glands, with morbid deposit and mucous covering, leaving ulcerated excavations extending to the mucous tunic, sometimes leading to rupture and perforation; and at a later stage, more or less advanced, cicatrization and filling up of these excavations; while in *typhus* cases, in no instances were these processes of ulceration and slougning apparent."

On the subject of the identity or non-identity of typhus and typhoid fevers, the author argues with commendable caution; but he is inclined to favor the opinion of those who have advocated their non-identity. In this we think he is right; for the whole assemblage of phenomena, both post and ante-mortem, prove that these forms of fever are too widely separated to be regarded as *slight* modifications of the same disease.

In regard to the *treatment* of Continued fever, we do not perceive that the author has elicited anything new, and therefore we need not stop to detail his mode of medication. Perceiving that the fever was not to be cut short, his chief reliance was placed on stimulants, tonics, and nutriment. In the main we regard his course as judicious; but we incline to the opinion, judging from our own experience, that he places too little confidence in *blood-letting*.

The article on the Transportation and Diffusion by contagion, of Typhoid Fever, establishes, very clearly, that the disease is capable of being disseminated in the manner indicated. Numerous cases have come under our observation, sustaining this view of the question, and we have long ceased to entertain any doubts on this subject.

The author adds a few observations on "*Relapsing Fever.*" This disease is described in the *British and Foreign Medico-Chirurgical Review*, July, 1851. We are not prepared to say whether the fever observed by Dr. Flint was really the relapsing fever of Great Britain; the author thinks it was, and his opinions are entitled to respect.

We must close this rapid sketch of Dr. Flint's Clinical Reports. In the observations which make up these *Reports*, the author exhibits great care and discrimination, and a laudable desire to establish truth by the most laborious and pains-taking investigations. And the fact that he has elicited but little that is new, does not prove that his observations have been useless; on the contrary, if he does nothing more than corroborate the fact that both typhus and typhoid fevers prevail in this country, and that they maintain their distinctive characters in the most perfect degree, his contributions must still be regarded as possessing much intrinsic value.

The general conclusions which the author has reached, so far accord with our own, that we can readily dispense with criticism on minor and comparatively unimportant points. We feel disposed to remark, however, that the opinion enunciated in the beginning, namely, that the distinctions between typhus and typhoid fevers are *nosological* rather than *pathological*, has been clearly refuted by the final conclusions of the author himself. Indeed, the lesions found post-mortem are more distinctive, and should have more weight in establishing their non-identity, than the external phenomena.

In conclusion we cheerfully commend Dr. Flint's *Reports* to the favorable notice of our readers; but we would remind them before hand, that the details into which the author enters are dry and tedious, and but few, we fear, will be found sufficiently persevering to follow them to the end. We believe, however, that they will repay perusal, and that the practitioner will derive many valuable suggestions from them. For sale by H. W. Derby & Co., Cincinnati.

PART III.

FOREIGN SUMMARY.

1.—*Adulteration of Pale Ale.*

No small degree of ferment was recently produced among the London brewers, by the statement of a medical journal, that pale ale was adulterated with *strychnine*. This statement was made on the authority of some French chemists, and at once led to an investigation in London. It turned out that the accusation was untrue; and the following letter from the distinguished chemist, Liebig, will be read with interest. We copy from the *London Times and Gazette*.

The unguarded remark of a French Chemist, that the strychnine imported into England is employed, in part, as a substitute for hops in the manufacture of beer, has lately spread alarm among the lovers of pale ale. Having been appealed to by you, to express my opinion on this subject, which appears to me to be, in a dietetic point of view, one of considerable public interest, I now offer the following brief statement:

About a quarter of a century ago, a brewer in Westphalia fell into the practice of adulterating his beer with nux vomica, from which it is well known that strychnine is obtained. The peculiar morbid symptoms, however, which resulted from the consumption of this adulterated beer, speedily led to the detection of the fraud. The effects produced by nux vomica and strychnine are so characteristic, that every medical man will readily detect their origin. The French novelist, Alexander Dumas, has described them, though with more imagination than truth, in his romance of "Monte Christo." It is possible that the Westphalian case, which, from being made the subject of a criminal trial, obtained great notoriety, has given rise to the assumption, that in England

the strychnine imported is used for the purpose of mixing with beer. But nobody at all acquainted with the great breweries of that country, could seriously entertain the suspicion of an adulteration of beer with strychnine or any other deleterious substance. It is practically impossible, that any operation of a doubtful character could be carried out in these extensive establishments, on account of the large number of workmen employed in them. Any attempt on the part of the brewer, to impart qualities to his beer in an illicit manner, which are not to be obtained from malt or hops, would necessarily lead to his ruin; as he would be obliged to communicate his secret to too many persons, and to employ too many accomplices. The draymen themselves, as good connoisseurs in beer, would protest against any manipulation of a suspicious character. The case has even occurred of an eminent brewer not venturing to make use of a method suggested to him, for the purpose of clearing his beer more effectually, because the addition of a new material to the wort might have induced a suspicion in the minds of his workmen, that it was an illicit proceeding, and this would have endangered the good reputation which his beer enjoyed. He stated to me, at the same time, that no improvement could be introduced into a brewery, the object of which was not perfectly evident to every body.

During a sojourn of several days at Burton-on-Trent, I had an opportunity of becoming intimately acquainted with the method pursued in the manufacture of pale ale. I convinced myself that the qualities of this excellent beverage depended mainly upon the care used in the selection of the best kinds of malt and hops, and upon the ingenuity exhibited in conducting the processes of mashing and fermenting. Our continental brewers have much to learn in these points, to come up to the English brewers. I have no hesitation in saying that England possesses the greatest adepts in malting. I know positively that the chief brewers of Munich, who undoubtedly produce the best beer in Germany, have gone through an apprenticeship in Burton. This may account for the predilection entertained by the general public, as well as by medical men, for these varieties of beer; for the instinct of humanity and experience appears to be as good guides in the choice of things that contribute to health and enjoyment, as the profoundest philosophy.

Professors Graham and Hofmann, in the excellent report eady addressed to you upon the alleged adulteration of the

pale ale by strychnine, have indicated a very simple process for detecting the most minute quantity of strychnine contained in beer. I have satisfied myself of the great convenience and accuracy of their method, and have further assured myself, by an analysis of several specimens of pale ale obtained from London houses, supplied by your establishment, of the utter groundlessness of the imputation, that this beer was poisoned with strychnine. I am positive, and am supported in my views by the concordant analyses of all chemists who have occupied themselves with the examination of beer, that the poisoning of pale ale with strychnine has never occurred. I believe I may safely add, that it never will take place; for, although an ignorant brewer might be induced, from interested motives, to add nux vomica to his beer, the word strychnine so forcibly suggests one of the most virulent poisons, that whoever has heard any thing about strychnine at all, is sure to be aware of this. By adulterating his beer with strychnine, the brewer would be knowingly committing a crime which, in the present state of science, must be followed by immediate detection and punishment.

Mr. E. Merck, of Darmstadt, one of the most extensive strychnine manufacturers in Europe, informs me that this substance is peculiarly adapted to destroy vermin of all kinds. In many parts of Germany, it is the popular poison for rats and mice. This fact fully accounts for the large amount of the drug that has lately been introduced into commerce.

The specimens of your pale ale sent to me have afforded me another opportunity of confirming its valuable qualities. I am myself an admirer of this beverage, and my own experience enables me to recommend it, in accordance with the opinion of the most eminent English physicians, as a very agreeable and efficient tonic, and as a general beverage both for the invalid and the robust.

2.—*Turpentine Embrocation in Ague.*

The following embrocation is recommended by M. Debout as being highly efficacious as a substitute for quinine, and especially for the poorer classes: Essential oil of turpentine, 100; chloroform, 10; or laudanum, 4. It is to be rubbed along the spine twice a day, during the apyrezia, taking care that one of the frictions should take place an hour or two prior to the expected paroxysm.—*Bull. de Therap.*

3.—*On the Jaundice of Infants.* By M. Duclos.

Although this frequent affection of early infancy does not in the great majority of instances, present any danger, it occasionally gives rise to important occurrences, and indeed, when complicated with other affections, may sometimes prove fatal.

Besides the yellow color, the icterus of infants may be attended with fever, somnolence, tension of the belly, and colic, with constipation or diarrhœa. Its causes may be ranged under five different heads, which it is of importance to distinguish. 1. *Retention of the meconium* is the most frequent of all. If it be not evacuated within twenty-six hours, colicky pains are set up, and the skin becomes yellow. The *colostrum* is in this case the best purgative. When the child can not or will not suck, a teaspoonful or two of the syrup of rhubarb, chickory, and peach-flowers, equal parts may be given. When, after the meconium has been passed, a considerable degree of tympanitis remains, together with what is called "windy colic," preventing sleep, M. Duclos administers small doses of rhubarb and calcined magnesia.—2. The next in frequency is *spasm of the digestive organs.* The child suffers from cardialgia and colic, is in a state of fever, is constantly trying to suck, and has few or greenish stools. Sometimes convulsions occur. Purging and vomiting aggravate in place of relieving the condition. As retained meconium is usually the origin and cause of the symptoms, that must first be obviated, and then recourse had to emollient baths, mild anti-spasmodics, linseed poultices, friction with camphorated oil, and mild lavements. If the milk is too old, the nurse should be changed; and when an anodyne is required to relieve the violent colic, a little lettuce-water should be added to some sugared water. This description of medicine, however, requires care, and opiates in any form are inadmissible. Narcotism, which induced death in one child and was nearly fatal in another, was brought on by a clyster containing ten drops of laudanum.—3. *Engorgement of the liver* is another cause, and one especially acting after compression of that organ by the uterine contractions in the foot and breech presentations. When this condition is present, purging the child is not sufficient. It must be kept warm, and its skin rubbed with hot flannel; with gentleness, however, lest erysipelas be induced. When the skin is rough and hot, emollient tepid baths are useful adjuvants.—4. *Bad nourishment* is a frequent

cause of icterus, the milk disagreeing with the child, or improper food being given to it when brought up by hand.—5. *Cold and humidity:* young infants are very susceptible to changes of temperature—too great heat or cold being alike injurious to them; but as regards the present affection, cold is especially mischievous.—*Revue. Med. & Chir.*

4.—*Treatment of Dysentery.*

The following paragraph expresses, in our opinion, much truth. We have acted upon it for years, and strongly commend it to the notice of our readers:

But if the abstraction of blood be not the remedy for dysentery, I can speak with equal confidence, from my own experience, upon a point on which theory might be expected to be no less explicit—I mean the worthlessness of *mercury* for the subdual of the disease. At the time of which I have been speaking, I found my brother medical officers and the civil practitioners of the island, for the most part, agreed about the pretensions of mercury as a cure for the disease—pretensions which had had their rise in the extravagant opinions entertained of its merits among the Indian medical men. Thus, the rule that associated dysentery and the mineral in their practice, I found to be "absolute" and unquestioned. My own experience, however, of its control over the disease, at first suggested doubts of its curative influence at all; and, latterly, convinced me that it was not merely inoperative, but prejudicial in the extreme. So far from the tenderness under pressure giving way, the tenesmus and tormina subsiding, and the blood and "corruption" composing the stools, giving place to normal dejections, under its use, the very opposite of all these was the case, in proportion as the poison was pushed and continued; and this so much as a rule, in my own practice, that I began at length to suspect the mineral as at the bottom of the mischief, and in the end, to be unable to disconnect the two. In order to avoid jumping to hasty conclusions upon the point in question, I administered the mineral in varied forms and doses—by the mouth and by inunction—in two grain doses and in twenty; and as a general rule, with the same results in both cases—to wit, an aggravation of the irritative action already going on in the mucous membrane—results which, as I have already said, I should have looked

for from *priori* reasoning; and, for these considerations:—1. That the state of the blood in dysentery is the opposite to that in which mercury is found by experience to be beneficial, being one of dyscrasy, and in which abnormal elements are superadded. 2. That I believe the natural tendency of mercury is to irritate all mucous membranes even in health, and greatly to aggravate irritation and inflammation when already present in the same. Such I believe to be the explanation of the poverty of its influence over mucous inflammations in general—a position, I am well aware, in which I shall not be supported by the general voice of the profession; but of the soundness of which I myself entertain no doubt.

What I have had to offer in relation to bleeding, leeching, and mercury, in this disease, is not less appropriate to the use of blisters for the same; in a word, that they are eminently impotent, if not injurious, in their operation.

So much for the worthlessness of the three most potent and valued agents in healthy inflammation, when addressed to the disorder now under consideration; and if this alone be not a strong ground of suspicion, as to the specific character of the action giving rise to it, I know not what stronger to adduce.

But as I am not writing a *treatise* upon dysentery and its management, it would be foreign to my present object, to enter further into what its essence *does* consist in, or to discuss at greater length the question, what treatment *is* adapted to its cure?

I may briefly mention here in passing, that I believe *opium*, in one form or other, to offer a larger promise of success in every variety of dysentery, than all the other agents in common use for it put together, provided the system be not further depressed by abstractions of blood, and that attention, at the same time, be paid to the all-important consideration of supporting the patient's strength, instead of sinking it by evacuants. I have stumbled upon a remark in a respectable authority of the last century (Kirkland "on Child-bed Fevers"). very apposite to the present subject, as well as suggestive of the inference, that Dr. Kirkland, as a physician, was in advance of the age in which he wrote. It is this: "I believe there is no kind of fever which will not be moderated by its use (that of opium); for if, in inflammatory fevers, we join small doses of it with antiphlogistics, and in putrid fevers with antiseptics, we shall frequently prevent the disease having violent effects, and give the proper medicines a better opportunity of accomplishing the intention desired."

"Were the same cases (of dysentery) again to be placed under my care, I would not hesitate to give opium in doses of four or five grains, as it was the opium chiefly that seemed to arrest the progress of the inflammation."—Cheyne, Loc. Cit.—*Lond. Med. Times & Gaz.*

5.—*Treatment of Croup by Warm Vapor and Emetics.*

The following paragraph, taken from an article by Dr. Wm Budd, will show his method of treating croup:

As the air is more injurious the colder it is, it naturally occurred to me, that the first object in the treatment would be to raise the temperature of the air breathed by the patient to a suitable point. The second was, to saturate the air thus warmed with watery vapor. On many grounds, indeed, it seemed to me not improbable, that—whether by modifying the physical constitution of the false membrane itself—or, perchance, by promoting a more serous secretion beneath it, or in both ways at once—the moisture thus generated might specially aid in the separation and expulsion of the morbid product, and possibly also prevent its being formed anew.

It is for more enlarged experience to say to what degree these important objects are likely to be realized by these simple means.

The results we have as yet obtained are perhaps too few to build upon securely. Nevertheless, as far as they go, they surpass the best expectations that could have been formed of this method of treatment. If they warrant nothing more, they at least encourage to a further trial of it.

The mode of proceeding was, as you remember, simple enough. The sick child was placed in a bed, closed on all sides by a double curtain. Into this bed was introduced a large earthen pan nearly filled with all but boiling water; and into the water was plunged, from time to time, a heated brick, for the purpose of disengaging steam, care being taken to have the brick completely submerged. By this means, the atmosphere within the curtain was constantly kept at a temperature of from 75° to 80° Fahr., and surcharged with vapor. Where it was practicable the mother was placed in the bed with the child, in order to reconcile it to the strangeness of its situation. As convalescence approached, this was on several occasions found to be a useful precaution.

The only other measure adopted was to give an emetic from time to time, whenever the struggle for breath seemed more than commonly urgent. Not, however, for the sake of the antiphlogistic effect of the antimony or other agent employed, but to help, by that mechanical succession which the act of vomiting causes, and which daily experience shows to be so effectual for this end, in the expulsion of the morbid product. This is the great and paramount use of emetics in the treatment of croup, and it is one the more to be valued, *since there is no substitute for it.*

6.—*On the Action of Ozone on Miasmata.*

M. Schonbein's additional researches have still further developed the analogy of this substance to chlorine, and leave no doubt of the injurious effects it may exert on the respiratory organs when in excess. Mice soon perish in an atmosphere containing 1-6000. The quantity which prevails in the atmosphere is very variable, being proportionate to the amount of electricity, and therefore at its maximum in winter, and its minimum in summer. It is, however, highly probable that, when existing only in minute quantities, it exerts a purifying effect on the atmosphere by destroying various deleterious miasmata. There are a great number of inorganic gaseous bodies, which, when diffused in scarcely appreciable quantities, yet render the air irrespirable—such as the gaseous compounds of hydrogen with selenium, sulphur, phosphorus and arsenic, gases characterized by the facility with which they become oxidized. Ozone belongs to a class of bodies which, as agents of oxidation, rapidly destroy these hydrogenous compounds. An incessant source of miasmata exists in the variety of gaseous compounds which are incessantly liberated by the decomposition of the innumerable masses of organic beings which perish on the surface of our globe. Although the composition of most of these is unknown, it is to be supposed that their accumulation would render the air unfit for respiration. Nature has, however, provided the means of destroying such deleterious compounds as fast as they are generated, for M. Schonbein regards ozone, which is so constantly generated under electrical influence, and is so powerful an agent of oxidation, even at ordinary temperature, as specially destined to that end. His experiment prove that air containing 1-6000 of ozone can disinfect 540

times its volume of air produced from highly putrid meat: or that air containing 1-3240000 of ozone can disinfect an equal volume of air so corrupted. Such experiments show how little appreciable by weight miasmata may be, which are yet sensible to the smell, and how small is the proportion of ozone necessary for the destruction of all the miasmata produced by the putrefaction of organic matter, and diffused in the atmosphere.

We may admit that the electrical discharges which occur incessantly in different parts of the atmosphere, and determine there the formation of ozone, purify the air by ridding it of oxidizable miasmata. At the same time that these are destroyed by ozone, the organic miasmata cause its own disappearance, and prevent dangerous acccumulation of it. The opinion that storms purify the air may not be without foundation, as a large quantity of ozone is then produced. In the author's experiments, he has always found a large proportion of ozone in the vicinity of the stormy clouds on the Jura; and the air ozonized by phosphorus for experiment, gives forth a similar smell to that perceived amidst storms in mountainous regions. It is very probable, that in certain localities, the balance between the ozone and the miasmata does not prevail, and disease may be the consequence. As a general rule, however, numerous experiments have shown that the air contains free ozone (though in very different proportions), so that no free oxidizable miasmata can there exist. M. Schonbein recommends that the atmosphere should be tested for ozone, in localities and at periods where fevers and other forms of disease prevail, so that the results of accumulated observations may be obtained.—*Medico-Chir. Review.*

7.—*On the Reciprocal Influence of Acute Diseases and Menstruation.*

M. Herard terminates a recent memoir with the following conclusions:—1. All acute diseases exert a pretty similar effect on menstruation.—2. This influence varies accordingly as the disease becomes developed during a menstrual epoch, or during an interval.—3. In the first of these cases the menses are usually suppressed completely or incompletely, when they may reappear after some hours or days, though usually in diminished quantity. The patients regard the suppression

as being the cause of the febrile disease, although the contrary is the fact: and even in the case of acute febrile disease becoming manifested after suppression, we must regard it as a consequence of the chill that has produced this.—4. When an acute febrile disease is developed in the interval, if the next epoch is near at hand, so that the fever continues to it, the menstruation is favored by the increased hemorrhagic congestion of the uterus and ovaries.—5. The menses are usually absent or notably diminished in quantity, at the periods which occur during the decline of a disease, or in convalescence. This secondary amenorrhœa, though sometimes persistent, usually only continues for from one to three months. 6. the menstrual eruption in nowise predisposes to disease.—7. Menstruation exerts no appreciable influence on the issue of acute febrile affections. The progress and terminations of these are the same, whether the discharge appears or not, whether it is increased or diminished in quantity, is earlier or later in appearance, or whether this takes ptace at the beginning or end of the affection.—8. In treating acute febrile affections, it is the condition of the disease that must engage our attention; for it is rare that any special therapeutical indication is derivable from the state of the menses; and we must act absolutely in the same way if the menses are on the point of appearing, or are expected. as if they were not so.—9. Blood-letting does not; in general, prevent their appearance or continuance.—10. The sudden suppression of the menses by the development of an acute febrile disease, or amenorrhœa consecutive to such disease, does not, in general, call for any special treatment.—*L'Union Medicale.*

8.—*On the Use and Abuse of Nitrate of Silver Drops to the Eye.*

Every now and then cases come under the notice of the ophthalmic practitioner, in which the conjunctiva of the lower half of the front of the eyeball and that of the lower eyelid are dyed of a dirty olive-green color. At the same time that it is thus dyed, the conjunctiva is callous, and often so shrunk that there is scarcely any inferior palpebral sinus left. This state of the conjunctiva is the effect of the long-continued employment of a solution of nitrate of silver dropepd into the eye.

Such cases are an evidence, first, of an improper method of applying remedies to the eye very commonly followed; and, secondly, of a misconception of the *rationale* of the operation of the remedies.

Having recently met with some very marked cases of the kind referred to, I am induced to make a few remarks on the mode of applying drops and ointments to the eye, and on their mode of operation.

Mode of application.—The discoloration of the conjunctiva being confined to the lower half of the front of the eye, and inner surface of the lower eyelid, is an evidence that the nitrate of silver solution, which is merely dropped into the lower palpebral sinus, never reaches the upper half of the eyeball, the inner surface of the upper eyelid, and the superior palpebral sinus. Now this is a very ineffectual mode of applying remedies to the inflamed conjunctiva. To obtain full advantage from any eye-water, drop, or salve, in conjunctivitis, its application should be so managed that it may come in contact with the whole surface of the conjunctiva; and for this purpose, when it is a solution which is to be dropped in, the eyelids are to be so drawn from contact with the eyeball that the fluid may readily spread itself under them and all over the front of the eyeball, this being promoted by alternately moving the eyelids to and from each other; or, supposing an ointment to be applied, care should be taken to insinuate a small quantity underneath the upper eyelid, whereupon the ointment will readily spread itself, not only underneath the upper, but also underneath the lower, by slightly rubbing the eyelids over the eyeball.

Operation of Remedies to the Eye.—In the first place, it is to be recollected, that it is only an inflammation of the conjunctiva, and in superficial inflammation of the cornea, that stimulating applications, as they are called, are of service. They are unconditionally hurtful in the internal inflammations of the eye. The long-continued use of nitrate of silver drops, whereby the conjunctiva becomes stained, appears to be founded on a notion, that the application has some special unconditionally sanative virtue, so that if it be only used long enough it will effect a cure. In a late number of this journal I endeavored to explain the mode of operation of drops, ointments, etc., in pustular inflammation of the conjunctiva. I would now add, that if an inflammation of the conjunctiva does not quickly yield, more ill than good is likely to result from a persistence in the use of drops, etc., and some modifi-

cation of the treatment ought to be adopted, suggested by the circumstances of the case, in order to bring the part affected into a state in which it may prove more readily susceptible to the stimulating remedy.

It is not to the purpose to say, that the nitrate of silver solution should never be used as an application. All the benefit that can be derived from its use may be effected without risk of dying the conjunctiva; while other applications, though they may not dye the conjunctiva, will, if as long and as improperly persisted in, prove not less prejudicial in other respects.—*Lond. Med. Times & Gaz.*

9.—*Cancer—Second Relapse—Third Operation.*

We have already, in speaking of the removal of a cancerous tumor from the jaw by Mr. Simon, expressed the opinion, that the decision of the difficulties which now surround the question of the removal of cancerous growths would be most rapidly and surely attained by the accumulation of full and detailed hospital reports.

We also, in the same paper, attempted to give the reasons why the surgeon should rather lean to removal than to non-interference; and as many of our readers may mot have seen the paper in question, we trust we shall be excused for giving a brief extract from it. The grounds for operating there put forward are:

1. Operating undoubtedly saves some patients, and in others is followed by no return of the disease for many years; thus insuring a long interval of ease, and some prolongation of life.

2. When the disease does return it is not more fatal—for that is impossible—than at its first appearance; and its being more rapidly fatal can scarcely be, in common humanity, considered as an objection, as then the struggle is sharper, and sooner ended.

3. It is better to save even one patient out of twenty, than to lose them all without a struggle, for it may be assumed as nearly a general rule, that at the period when patients will allow the operation to be performed, the disease is always so far advanced that it would destroy the patient.

4. Most of the operations for cancerous disease are not of a nature to endanger life; and, owing to the discovery of chloroform, not likely to be attended with severe suffering.

Finally, the exact proportion of cases in which cancer returns

after removal by the knife, to those in which patients live the rest of their days free from its invasions, is not well known; and, till this is established, no part of the question can be looked on as satisfactorily settled.

Mr. Skey lately operated on a patient, the nature and history of whose case seems to us calculated to throw some light on this subject. From the clinical remarks made in the operating theatre by Mr. Skey, we learn—

That the patient, a middle aged man, with a strong disposition to cancerous growths, first presented himself for advice last October twelve-months, with a suspicious tumor in the upper lip, which Mr. Skey decided on removing. This was done, and the man left the hospital apparently free from disease.

He again presented himself in the summer of 1851, with a scirrhous tumor on the right side of the lower jaw, which Mr. Skey also proposed to remove, considering that it is better to commence extirpation, when there is any chance of doing so satisfactorily, than to stand by and allow the disease to develop itself. Being about to leave town, he requested Mr. Stanley to undertake the task, which this gentleman at once did. The operation was interrupted bv the patient exhibiting some serious effects of the influence of chloroform, under the action of which he had been placed, and it was not till the next day that it could be completed.

He again seemed cured, and left the hospital, with nothing but the cicatrices of the operation in testimony of his disposition to cancer.

But, in January last, he again made his appearance, prepared to suffer anything rather than endure the coutinuance of the disease which unfortunately again manifested itself in the form of a small, hard tumor, near the cicatrix of the former one, and apparently attached to the jaw. He made up his mind to have this removed; but this time Mr. Skey coupled his consent with the proviso, that his colleagues approved of such a measure.

They did so, and accordingly, on Saturday, February 7, Mr. Skey extirpated the tumor. On examining the surface of the jaw there was enough found to excite suspicions that the bone was diseased, and accordingly the greater part of it was at once removed. The man was not placed under the influence of chloroform in consequence of his having suffered so severely and dangerously at the previous operation; but he bore this trial with the most heroic courage.

Mr. Skey remarked, in conclusion, that the prognosis was necessarily most unfavorable, but that, on reviewing all the circumstances of the case, it appeared that no other place could be taken up; that the patient was confident and full of hope, though the danger of his condition had been fairly pointed out to him, and that he was willing to face the pain and hazard of the operation, convinced that, if he could not be cured, he would, at least, gain some temporary alleviation of his sufferings.—*Ibid.*

10.—*New Mode of Operating for Ovarian Dropsy.*

Consisting of the excision of a portion of the cyst, returning the remaining portion into the peritoneal cavity, and closing the wound by sutures, thus allowing any fresh fluid secreted by the remaining portion of the cyst to escape into the cavity of the abdomen, there to be taken up by absorption, and discharged by the kidneys. Mr. Brown said this method of treatment was suggested to his mind by reflecting upon the numerous cases on record, in which a spontaneous cure has occurred by an accidental rupture of the cyst, followed by a copious discharge of urine. This mode was not considered applicable to every case, nor was it the purpose of the author to lay down any absolute rules for its use, but simply to relate such facts as had come under his observation.

PART IV.

AMERICAN SUMMARY.

1.—*The Radical Cure of Reducible Hernia, by injection.* By Jno. Watson, M. D.

I do not propose just now to go into the whole merits or demerits of this operation, a task which has been assigned to other hands, and which has already been in some degree achieved, by one of the committees of the American Medical Association (see their report in the transactions for the session of May last). My only object is to give the details of a single case treated in this way, in connection with such hearsay information as I have been able to collect concerning the operation in other quarters.

The procedure now under consideration, if I am not mistaken, was first brought into notice through an irregular channel, by a certain Industrialist, of New England. But the first notice I remember to have seen of it, was in Prof. Pancost's "Operative Surgery." In July, 1848, my attention was for the second time called to this subject, by a gentleman under my care for the treatment of varicocele, who, a year or more previously, had undergone an operation for the cure of a reducible hernia, by what he described as a trifling process, and with complete success. He spoke of it as a simple puncture, which subjected him to very little uneasiness; and assured me he was cognisant to the cure or relief of other individuals, who had been treated, like himself, by a practitioner of Boston. I subsequently ascertained, that the instrument with which this individual operates, had been prepared by a cutler of this city; but on inquiry I found that it had been patented by the operator, and was, consequently, to be used only by himself. As I had made inquiry for it, with the view of employing it on a case then in hand, I could not but

feel indignant that any practitioner claiming to belong to the regular profession should have thus prostituted his noble calling to mercenary ends; but believing that no special form of patent instrument is essential for the making of a puncture, or for introducing an irritating fluid beneath the integuments through this, I attempted, in my own way, to get along without it, as in the following case.

Joseph A. Seavell, of Ohio, seaman, aged 31, was admitted into the New York Hospital, Nov. 24th, 1851, with a large inguinal hernia, occupying the left side of the scrotum, which had been then protruding for several hours, and had resisted several well directed efforts for reduction. The patient for the last four years had been occasionally troubled by the protrusion, but had never before been baffled in his efforts to reduce it; and by the use of a truss he had been able to follow his regular occupation. With some little trouble the tumor was reduced by taxis, soon after his admission; and on the 29th of November, having explained my object to the patient and obtained his consent, I attempted to effect a radical cure of the hernia.

While the patient was lying on his back, with his scrotum and left spermatic cord drawn slightly towards the right side, and with the integuments over the left external abdominal ring slightly on the stretch, I introduced the point of a delicate bistoury through the integuments, directly down to the crest of the os pubis, the point of the instrument touching without dividing the lower termination of Poupart's ligament, and made to work freely in the loose tissue immediately in front of the ring, but without wounding the spermatic cord. Having made the puncture and withdrawn the bistoury, the nozzle of a small syringe charged with tincture of cantharides, was introduced through the wound, and about a dram of this fluid injected into the bottom of the cut, the hand of an assistant, in the meanwhile, resting firmly over the inguinal canal to prevent any portion of the injected fluid from entering this, or passing through the sac into the abdomen.

The whole procedure was the work of a few seconds, and gave the patient little or no uneasiness. I next applied a compress and spica bandage, to keep the parieties of the inguinal canal in close apposition, and administered an anodyne, keeping the patient on his back, with directions to apply an evaporating lotion, should severe inflammatory symptoms supervene.

In a few minutes after the operation, he began to speak of

pain from the injection. The sore became more troublesome, and extended for several inches in every direction, but was severest along the ascending track of the spermatic cord. He slept but little during the following night; but the next morning the pain had subsided, a slight soreness only remaining in the part. The patient was at the same time suffering from chancres. I made the treatment of these the pretext for keeping him on his back with the compress and bandage applied as above, for several days. He spoke of no uneasiness from the operation after the second day. On the 12th of December, he was walking about without his truss, and with no apparent tendency to a recurrence of the hernial protrusion. On the following day, being desirous to join his vessel which was to sail for South America, he requested his discharge, promising to write to me, and report the further progress of his case, should the swelling reappear,—and, if possible, to report in person, at the close of his voyage. But, as yet, I have not heard of him.

The operation in this instance had evidently a beneficial effect, and I am not certain, that it may not have effected a permanent cure. I am not disposed to believe that any portion of the injected fluid entered the hernial sac; but by exciting inflammation around this within the column of the external ring, and the subsequent condensation of tissues, which is so apt to follow acute inflammation, we can readily imagine that this procedure may, now and then, effect an object which we have hitherto sought in vain to effect by other and severer measures.—*N. Y. Med. Times.*

2.—*On a means of measuring degrees of Anæsthesia and Hyperæsthesia.*

The curious facts discovered by E. H. Weber, on tactile sensibility, are well known. He found that if the two blunted points of a pair of compasses are applied simultaneously on the skin, there is, according to certain circumstances, either the sensation of one or of two points. When the points are both inside of certain boundaries, they are felt as one only; when they are outside of these boundaries, both are felt. These boundaries vary exceedingly in different parts of the skin, but for a given part the differences between men are not extremely considerable. I have made use of

compasses for measuring the degrees of tactile sensibility in diseases. In a case of considerable anæsthesia of the lower extremities, the patient only felt a single impression on one leg, although the points of the compasses were ten, fifteen, or even twenty centimetres apart; whilst on the other leg he could distinguish them at a distance of twelve centimetres. The normal limit is generally, for that limb, from three to five centimetres. In another case where anæsthesia was slighter, the limit of the discriminating power was at from nine to sixteen centimetres. In two other cases, in which the diminution of sensibility had not been found by the other means of diagnosis, the compass indicated a very slight and beginning anæsthesia. The limit was at from six to seven centimetres.

These facts, and many others, have demonstrated to me that by the help of the compass, a physician can ascertain: 1st. Whether there is a slight anæsthesia or no. 2d. What is the degree of anæsthesia. 3d. What changes occur every day in the amount of anæsthesia.

The same is true for the cases of hyperæsthesia. In a case of paraplegia of the motor power, the patient felt the two points of the compasses, on his feet, even at the distance of five millimetres, whilst a healthy person feels the two points only when they are at a greater distance than twenty-five millimetres.

I shall add, that for succeeding in such experiments the two points must be blunted and applied simultaneously.—*Medical Examiner.*

3.—*Nitric Acid in Hooping-cough and Asthma.*

Dr. F. C. T. Arnoldi recommends (*Canada Medical Journal*, June, 1852) the nitric acid as a powerful remedy in hooping-cough and asthma.

"In hooping-cough," he says, "at whatever age, whether it be a child at the breast or a full grown adult, I administer nitric acid in solution, as strong as lemon juice, sweetened *ad libitum*. I have given to a child of two years of age as much as one drachm and a half of concentrated nitric acid, in the above manner per diem, and I have never known the disease to resist its use beyond three weeks. In one instance, that of a child at the breast, only seven months old, the disease disappeared within eight days. In another instance of a young

lad, fifteen years of age, the paroxysms were subdued within the first twenty-four hours, and the disease disappeared within ten days. Again, in the cases of two boys about ten years of age living at a great distance from one another, who had had the cough for several weeks, and to such a violent degree, that both of them had the circumference of their eyes ecchymosed, as though they had been pommelled in pugilistic combats, the acid acted positively like a miracle. A medical *confrère* of mine had four of his children severely affected with the same disease in the middle of winter; and, although they had to be kept indoors, owing to the inclemency of the weather, they were nevertheless all perfectly cured within three weeks. I might go on to cite a hundred similar instances, but these, I am satisfied, will prove sufficient to induce the profession to adopt this treatment. As regards asthma, the use of nitric acid has proved not only in my own practice, but in that of others who have adopted it, truly marvellous.

[It will be remembered that Dr. Hopkins, of Bethel, Ga., in a communication published in the number of this journal for October, 1850, page 549, extols the powers of nitric acid in asthma, and relates five cases in which he successfully employed it.—*The Amer. Med. Jour. of the Med. Scic.*

4.—*Tannate of Quinine.* By J. P. Little, of Richmond, Va.

In the summer of 1850, I read a short paper before the Medical Society, in which I mentioned some experiments made to remove the bitter and disagreeable taste of quinine. It was attempted to remove this taste by giving the medicine dissolved in strong tea; and I was led to make these experiments by learning that coffee had been used for this purpose in France. The result of my experiment was that the taste was almost entirely removed, and that the injurious effects upon the brain and nervous system, which so commonly result from the use of quinine, did not make their appearance. I learned subsequently, from the experiments of Dr. Thomas of Baltimore, that it was the tannin contained in tea which produced this loss of bitterness. Having for two years past prescribed tannin and quinine in all cases requiring the use of the latter remedy; having found this tannate of quinine a more efficient preparation than the sulphate, both in the treatment of intermittents and in neuralgia; and having seen none

of those peculiar effects upon the head observed ordinarily in the use of this article, I wish to call the attention of the profession to its value. I have by me a number of cases in which benefit has resulted from its employment, where the sulphate had been used without good effect, or where its use could not be borne. One case of intermittent, occurring in a delicate child, in which I had used sulphate of quinine, various vegetable tonics, iron, and finally Fowler's solution, without any other than a temporary effect, yielded to this remedy. In many other cases of neuralgia occurring in very delicate women, where I was assured that quinine had been frequently attempted to be given, and that its use could not be persevered in because of the headache and other severe symptoms that ensued, I have given large quantities of the tannate with happy effect on the disease and without any injurious result. In some very susceptible persons a slight ringing in the head was perceived, though not complained of, after a large quantity had been taken. My usual mode of administering the remedy is to have it made into pills, containing two grains of quinine and two of tannin each; or, if the patient is very susceptible to the action of the remedy, three grains of tannin to two of quinine. I prefer it in pill form, because, in solution with so large a proportion of tannin, while the taste of the quinine would disappear, that of the tannin would be very disagreeably perceived. In those cases of neuralgia where quinine and iron are indicated, I have not thought fit to combine quinine, iron and tannin in one pill, but have given on one day as much tannate of quinine alone as I would have given of quinine combined with iron in two days, and on the preceding day have also given as much iron alone as I would have given combined in two days.

This compound of tannin and quinine is also serviceable as an astringent in the dysentery of the season, and can be used as such with good effect. I mention its use that others may be induced to try it, and that by the observation of many physicians, its claim to notice, as a compound of quinine that can be given without any injurious effect, may be decided upon. My own experience is in its favor.—*Stethoscope.*

5.—*Turpentine in Dysentery.* By John Long, M. D., of Pleasantville, Ky.

For more than twelve months past I have been in the habit of using Turpentine in the treatment of Dysentery, as it has

occurred in this section of country, and find it to be a most valuable remedy in this often formidable disease. I have employed it in cases where the irritation or inflammation seemed to be confined to the lower portion of the bowels, as well as such as were complicated with typhoid fever. Dose, ten drops of the turpentine combined with twenty drops of laudanum, for an adult, every eight hours—with mucilaginous drinks and farinaceous diet. In obstinate cases it is necessary, in conjunction with the above, to resort to the ordinary enemata of laudanum and starch. Other remedies, as mercury, quinine or astringents, may also be used as circumstances require.

I was first induced to resort to turpentine in the treatment of dysentery, at the suggestion of Dr. Wood of Philadelphia, who recommends it in typhoid fever.

During the past summer, I treated thirty cases according to the above method, twenty-nine of which recovered and one died; the latter resided fifteen miles off, and I did not see him but once.—*St. Louis Med. and Surg. Jour.*

PART V.

EDITORIAL DEPARTMENT.

MEDICAL ETHICS.

The perusal of an article in the *London Medical Times*, touching a formidable fued which has recently sprung up in the good city of Edinburgh, forcibly reminds us of certain sins too common in our profession. The offence to which we allude is the too common practice of *criticising* the professional conduct of our cotemporaries. Examples, unhappily, of such misdeeds are too common every where, and we might readily find sufficient illustrations in our own country; but as it is no very pleasant duty to review our neighbors conduct, and finding pertinent cases abroad, we prefer, on the present occasion, to cite a single instance of the latter. Moreover, as it is not our design to write a homily on medical ethics, we will mention only a single case, which, from its remoteness of location, can excite no personal ill feeling.

Several foreign medical journals have recently made allusions and contained articles, in relation to an acrimonious personal controversy between Professors Simpson and Miller, of Edinburgh. It appears that the former performed some sort of surgical operation (the character not stated, but probably *vaginal*) on the wife of a medical gentleman. The patient died, *suddenly*, two days after the operation. An impression was at once produced that the patient died of hæmorrhage, but neither Prof. Simpson, nor Professor Christison (who was called in consultation) detected the hæmorrhage. Many rumors were immediately set afloat in regard to the case, all more or less censuring the operator. A gossiping

Doctor of the town, happening to have business with an upholsterer, was told by the latter that the mattress on which the patient lay had been sent to him to be cleaned, and that it was stained with blood. The gossiping Doctor immediately communicated this delectable morceau of intelligence to Professor Miller, who in turn mentioned it to Professor Henderson, the *homœopathist* who disgraces the University of Edinburgh. Nothing further was necessary to give the report currency. The homœopathist did not fail to circulate the statement, that a patient of Dr. Simpson's had had been suffered to die of hemorrhage, after an uninportant operation. Dr. Henderson's author being inquired for, the report was at once traced back to Mr. Miller. Dr. Simpson, as a matter of course, felt greatly aggrieved that his colleague, Mr. Miller, should be instrumental in circulating such a report, and, as it appears, an unfounded one. Of Dr. Henderson nothing better could be expected. The facts of the case show that the stain on the mattress, after all, was quite small, about such as would follow an ordinary operation, but not sufficient to cause death. Dr. Christison was of opinion that the patient died of low peritonitis.

Dr. Simpson, in a communication to Dr. Christison, complained of the conduct of Mr. Miller, and thus the quarrel began, which seems likely to have no end. Mr. Miller, in defense of his conduct, alleges that the story of the bloody mattrass came to him incidentally, and that it was casually mentioned to Dr. Henderson, without any sinister motive.

It cannot be doubted that the conduct of Mr. Miller was in every sense wrong and unprofessional, whatever the motive. In the first place it was wrong to give currency to a report derogatory to a member of the profession, (and that member his *own colleague*,) on the mere statement of an unprofessional man, altogether unused to judge of such matters; and, even if *true*, it did not become his colleague to circulate the story; but, above all, it was inexcusable to make such a statement to an avowed *homœopathist*, although he too was a colleague. We can readily admit that Mr. Miller's remarks were uttered in carelessness rather than from sinster motives; but it is just such carelessness, (or recklessness more properly) which so often strikes at a man's reputation, under the shield of *inadvertance!*

In relation to the quarrel which has so unfortunately disturbed the harmony of the Edinburgh profession, the *London Medical Times* holds the following language:

"This dispute touches a vital doctrine of Medical ethics; a doctrine admitted by all, but practiced by few. The first law of courtesy and professional honor is, that one medical man shall not discuss, criticise, much less condemn the conduct of another." This doctrine is worthy of all commendation, and without it the profession becomes a disjointed assemblage of moral assassins. Gross blunders, or obvious malpraxis, growing out of absolute ignorance, are not subject to such restrictions, but, on the contrary, deserve unlimited condemnation. If a surgeon, through ignorance of anatomy, destroy his patient by wounding a vital part; or, if a physician from gross incapacity should administer corrosive sublimate in *ten grain* doses, and thus destroy life, no stringency of ethics can require silence, but all such acts deserve, and will receive universal condemnation. But the case is quite different when a mere *accidental* injury is inflicted; thus, the most skillful surgeon may accidentally wound the intestine in operating for strangulated hernia, and the most competent physician by administering a grain of opium in a case not precisely adapted to its action, may induce fatal cerebral congestion. These and similar accidents are the results of errors of judgment, or sheer casualties, which demand the sympathy, rather than the censure of the more fortunate of the profession.

There are three classes of persons who injure their brethren by untimely criticisms: first, those who do it inadvertently and without improper motive; second, a class who indulge in criticism from a mere love of gossip, without a *desire* to injure the person who becomes the subject of remark; and, third, a class of wicked revilers who love detraction for the deed itself, and gloat over the defects, real or imaginary, of their fellow beings. These three classes exhibit widely different degrees of censureableness: the inadvertent man is censurable for his recklessness of the interests of his brother; the conduct of the gossiping man is reprehensible because he loves his neighbor's character less than his own gratification; and the malignant reviler deserves the severest condemnation for his wicked propensity.

How different would be the condition of the medical profession,

if these criticisers could be induced to pause and *think* before speaking. It is a much more genial office to praise than censure a co-laborer; and the same keenness of optics guided by a judicious impulse, would find more to commend than disparage in the conduct of their brethren. And then the effects on the whole profession would be highly beneficial. We should, with this liberal course, present an unbroken front, which would appal the swarms of empirics, and command the entire confidence of the community.

Let us then be more guarded, and less censorious, and let us direct our efforts to the development of science, rather than the destruction of individual character.

MEDICAL LECTURES IN CINCINNATI.

We desire to remind medical students, that the different schools of this city will open their preliminary courses on the first Monday of October. There is an obvious advantage in attending these lectures, for, in addition to the actual instructions received, pupils become not only familiarized with their new labors, but have also sufficient time to select their boarding-homes, and to make all the necessary arrangements for the regular session. We advise all who can do so with convenience, to attend the preliminary courses.

Pupils residing at a distance need apprehend no danger from a winter residence in Cincinnati. But little sickness usually prevails among those attending lectures; and during the last session, no death occurred in the class of the Medical College of Ohio. And with the great improvements in the mode of heating the new building, and the enlargement and better ventilation of the dissecting rooms, still further securities are offered against contracting disease.

In addition to the great facilities for medical and surgical instructions, a winter's residence in Cincinnati is worthy the consideration of those who reside in small towns. This city contains about 130,000 inhabitants; and the great variety of pursuits, literary exercises, and curiosities, cannot fail to interest strangers, and will enlarge the views of those who have not had similar opportunities. It is not expected that medical students can spend

time in gratifying a mere curiosity; but without any interruption to their studies, they acquire, from day to day, a familiarity with the surrounding objects of interest, and gain knowledge without effort or the loss of time. In other words, they become familiarized with the manners and habits of a large city, which will be useful throughout their future lives.

It may be mentioned, also, that the large assortment of medical books, surgical instruments and medicines, to be found in this city, will prove of great advantage to students not familiar with such things. They thus become acquainted wish the best resources of the profession, and have an opportunity of supplying themselves with such as their necessities demand.

NEW MEDICAL SCHOOL.

It will be perceived, by reference to the advertising sheet of the Lancet, that a new school, styled the "Miami Medical College of Cincinnati," has been organized in this city. It is organized, we understand, under the general law, passed at the last session of the legislature, authorizing county commissioners to grant charters, when a certain amount of stock has been subscribed.

The "Miami Medical College" will go into operation on the first of November, having a preliminary course of lectures during the month of October. Its organization is a very respectable one, and is based on the common regulations which govern the principal schools in the United States. We have no doubt that the gentlemen who compose its Faculty will fully live up to the requirements of an honorable profession, and thus contribute their influence to the diffusion of correct medical knowledge, and the sustenance of a high tone of ethics. With these impressions, we extend to them the right hand of fellowship, and wish them an abundant harvest from all good seed sown.

We have received, also, the second Annual Announcement of the "Cincinnati College of Medicine and Surgery." Some changes have occurred in the Faculty, but it is now complete, and it is announced that a preliminary course of lectures will be given during the month of October, the regular session beginning on the first of November.

We observe that the venerable Elijah Slack, A. M., M. D., whilom Professor in the Medical College of Ohio, has accepted the chair of Chemistry. Dr. Slack is a sound chemist and an excellent man, and we congratulate him on re-entering the *corps professorial.*

RECOMMENDATION OF NOSTRUMS.

It is a subject of much humiliation to find physicians' names attached to recommendations of nostrums, which are thrown in profusion over our country. Our attention has been again called to this matter, by reading the laudatory notices of a secret combination, just now somewhat popular, under the name of "Ayers' Cherry Pectoral." We can hardly suppose for one moment, that all the recommendations of this article are genuine; but if they are not, there exists a strong obligation on the part of the gentlemen whose names are used, to expose the deception, and denounce the fraud, if not to prosecute the proprietor. We see that in England legal redress can be had for this kind of piracy. It ought to be so in this country, if it is not, while at the same time, every physician who willingly permits his name to be used for such purposes, should be held up to the scorn and indignation of a liberal profession. We wish to call attention to the recommendations of the article alluded to above. We do it believing that most, if not all, the references are forged, and hope the gentlemen will, if they have not already done so, expose the trickery; or if they have been led astray without due reflection, that they will at once see the impropriety of their position, and cause their names to be withdrawn.

The names we find are—Benj. Silliman, M. D., Parker Cleveland, M. D., and Valentine Mott, M. D., together with many other alleged M. D.'s less known in the profession.

In addition to these, the "unqualified recommendation" of professors in the following medical schools is claimed:—Berkshire College of Medicine, at Pittsfield, Mass.; Ohio Medical College, Columbus, O.; Bowdoin Medical College, Brunswick, Me.; Vermont College of Medicine, Castleton; Albany College of Medicine, Albany, N. Y.; Medical Institute, Yale College; Transylvania University of Medicine, Lexington, Ky.; Medical School, Harvard University, Cambridge, Mass.; Columbian Medical Col-

lege, Washington. And in foreign countries—L'Ecole de Medicine, Paris, France; Royal College of Physicians and Surgeons, London, England; Queen's College, Ireland; University of Naples, Italy; Junta of Medical Censorship for Cuba and the Spanish West Indies; Junta Medicale of Chili, South America.

We know personally many of the professors in the above Colleges, who would scorn to give their names for such a purpose, and yet they stand before the public as endorsers of this nostrum. If some of their associates should, through any cause, lend their names, they should be given to the profession, and not suffer the odium to rest on the faculties of these institutions as a whole. We can scarcely find language to express our disapprobation of such recommendations, if real, and of the forgeries, if they be such. It will give us great pleasure to publish either denials or renunciations, whenever authorized to do so. The profession has reason to expect one or the other.

RESIGNATIONS AND APPOINTMENTS.

Dr. Samuel Annan has resigned the chair of Theory and Practice in the Kentncky School of Medicine and Surgery, and is succeeded by Dr. Thomas D. Mitchell, of Pdiladelphia. Dr. E. D. Forée has been appointed to the chair of Materia Medica in the same school.

Dr. Austin Flint has been elected to the chair of Theory and Practice in the University of Louisville, vacated by the resignation of Dr. Drake; and Dr. B. R. Palmer has been elected Professor of Anatomy in the same institution, vice Dr. Cobb resigned. Drs. Flint and Palmer were attached to the Buffalo Medical College, and we are informed that they retain their professorships in that institution, thus lecturing in both schools.

Dr. R. H. Paddock has been elsected Professor of Anatomy and Physiology in Starling Medical College, Columbus. The departments of Anatomy and Physiology have been consolidated, thus reducing the chairs to six.

Dr. R. E. Rogers, of the University of Virginia, has been elected Professor of Chemistry in the University of Pennsylvania, vice Dr. J. B. Rogers, deceased.

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PART I.

ORIGINAL COMMUNICATIONS.

Nostrums and Patent Medicines—General Consideration of their Nature and Effects, with the Remedy. An Address delivered before the Montgomery County Medical Society, Sept. 2d, 1852. By H. G. Carey, M. D., of Dayton, O.

Mutation is indelibly stamped upon the very threshhold of our existence; it is inherent in our natures, and operates upon all with determinate certainty. Each cell that enters into the human economy is destined to change and pass away. They spring from a nucleus, imbibe nourishment, attain maturity, multiply and die; giving place to other existences, to share a like fate. This is an epitome of the life of man. The laws of growth and preservation for a while resist those of decay and death. Disease is but the visible manifestations of the latter, to gain ascendancy over the former. The laws of life and health have sought the assistance of enlightened science and sound scholastic reason, to assist in overcoming this inherent decadence. Here, then, rests the corner stone of the *ars medendi*; and while animated intelligences exist, its assistance will be required to hold death and decay in check.

The position which the science of medicine sustains to the community is one of high and solemn import. Its attitude is peculiar, and the duties which devolve upon it are of the

most varied character. In all its diversified aspects it is replete with interest, and fraught with responsibilities, commensurate alone with the divinity of our natures. It touches society in its purest and holiest relations, and deals with unvarnished human nature in all its native deformities.

The practitioner of the science and art of healing holds a double relation to society: *first*, that of an enlightened citizen; *second*, a restorer of health to the afflicted body, and minister of peace to the purturbed mind. It is not sufficient that his knowledge be of the common grade, nor confined to an individual branch of education. The community demand of him higher attainments. Whatever be the standard of intelligence and professional acquirements of his age and cotemporaries, he should at least aim to reach it; for no physician can sustain himself in the position which his diversified mission demands, unless he attain to this high standing. Show me a community where the medical profession, as a body, are not thoroughly versed in the arts and sciences, and who do not exact from those seeking to share the immunities and privileges of medicine, a liberal education and thorough professional attainments, and I will point you to a place where it does not occupy that proud and dignified position in the confidence and estimation of the community, which its usefulness and purity justly entitles it to, and where empiricism, with all its hydra-deformities, holds unbounded sway, and where the practice is reduced to servile, sordid pursuits.

The effects of a sound medical education upon the mind, are strong and peculiarly impressive. It lays bare all the fountains of health, and contemplates the remote and direct influences of disease. The science teaches to appreciate the value of human life, and how slight apparent causes may often terminate in death. While it eschews the narrow limits of sordid avarice, and scorns imposition of every character, it cultivates an open and enlarged liberality, and yields a wealthy treasure of knowledge, as a common source from which humanity may draw supplies. It enjoins vigilance, and demands uncompromising devotion from its votaries.

As a philanthropist, the physician should be untiring in his efforts to promote public good. With calm and watchful eye he presides over the interests of society, laboring to restrain excesses on the one hand, while he urges to healthy activity on the other. Humanity demands this, and popular consent concedes to him the privilege and right to call in question any circumstances which tend, in their direct or remote results, to impair health or shorten life.

With these views I now propose to consider briefly the general bearings of nostrums and patent medicines, the effect of an indiscriminate use of them, and suggest a remedy.

The idea that certain remedial agents have an infallible efficiency in the cure of disease, has long been a popular error in the minds of community. It is not at all strange, however, with their limited knowledge of the laws of the animal economy and general therapeutics, that this should be the case. Could we conceive of a condition in which all the sympathies of the system were uniformly the same, at all times and under all circumstances, the existence of a *specific* would even then be problematic; but taking into consideration age, sex, hereditary predisposition, climate, &c., &c., the idea is utterly at variance with every known law of medicine, and indeed of common sense.

Nostrums which have gained the greatest celebrity for the cure of disease, are those combinations represented as producing a silent change or complete alteration of all the fluids and solids of the system. They correspond with the alteratives of the materia medica, and are composed of those articles in daily use by the regular physician. They are chiefly adapted to the cure of chronic diseases, in which time is an important ingredient in the treatment. The virtues of balms, balsams, sarsaparilla, and kindred articles, are such as to render them particularly favorable to the use of the charlatan. They form the basis of by far the greatest proportion of all the popular remedies now in use. Next in importance to this class of articles, in public estimation, are evacuants. They embrace the almost endless varieties of cathartic pills. Like the preceding, these combinations are made up of medicines which enter largely into the prescriptions of regular physicians. They are designed for a different class of diseases from the former; and as most affections are benefited by cathartics, they often produce salutary results. But they are not entitled to any consideration whatever, when compared to a combination fitted to fill the direct and collateral indications of the case. Nostrums and patent medicines are introduced into popular favor, and have their notoriety maintained, first, by an efficient system of advertising and newspaper puffing; and I cannot here refrain from expressing my deep regret and unqualified disapprobation at seeing the press, the greatest pride and luminary of the nineteenth century, muzzled and sold to a system fraught with such incalculable evil. When it is determined upon to issue a nostrum, cards are

struck with embellishments representing the goddess Hygeia presenting a goblet of the delectable material to some fallen being—the personification of misery and woe; or a tatooed savage, with mysterious air, waving his balms and herbs, which are to dissipate disease as if by magic. These are scattered over the land broadcast, with the profusion of the septemdecem locust. A modification of them heads a leading column of the daily newspapers, filled with certificates, forged or extorted from patients while laboring under the delusive effects of the remedy—those who are alleviated by the *vis medicatrix naturæ*, while using the medicine, and whose peculiar cases were such as to be benefitted by the combination. Added to this formidable array of evidence, editorials are furnished occasionally, attesting the remarkable effects of some article, wholly devoid of any therapeutic virtue.

Let a large number of persons affected with fancied or real disease, make use of the same remedy, and if it possess any medicinal virtue whatever, the article will almost necessarily meet in part the indications of some of the cases, and the patient recovers; others are relieved while taking the medicine, in virtue of the restorative powers of nature, in spite of the pernicious effects of the supposed specific and the diseased action. These persons, willing to express their gratitude for the supposed relief from the nostrum, cheerfully furnish the empiric with the desired certificate. The next class—and which, by the way, constitute a much greater number than both the others combined—receive no benefit from the remedy, and it is soon forgotten that they ever took it. Not so, however, with the two former classes. Their certificates are vauntingly displayed by the vender of the nostrum, to induce others to take his remedy.

It is a matter of common observation to every intelligent individual, in and out of the profession, that no matter how visionary and absurd its claims may be, any nostrum, by the above named or analogous mode of procedure, may be brought into extensive notoriety, and secure thousands of blind devotionals from a class of individuals who ever stare with open ears and extended mouths, ready to catch each passing sound that savors of novelty, or gulp down indiscriminately every thing, from the attenuated infinitesimals to gallons of sarsaparilla.

Every community is supplied with two classes of persons, whose mental constitutions are exceedingly capricious. Of all persons, these individuals are among the most pitiable.

The *first* are those whose minds are naturally unsettled. Novelty is the pabulum upon which they feed with eager voracity. It furnishes their only mental food. In politics they follow all its fluctuating whims. Theology furnishes an ample field in which to luxuriate for a season. The *isms* and *ologies* of the day are their meat and drink. From the deceptive fantasies of Mesmer, through all the successive delusions, down to the sacrilegious, demon-begotton spiritualism, they pass with alacrity, excelled only by the rapidity with which one of these errors has succeeded the other. With this inherent instability of character, it is not strange that this class of individuals should daily imagine themselves the subject of some affection, more or less grave in its nature. When this is the case, they are grossly susceptible to popular passing errors in physic. First, they seek relief from one or all of their cherished *isms* or *ologies*. If it is not found here, too self-conceited to appeal to those who have made disease, in all its bearings, the study of their lives, they search among the long list of nostrums for a specific. Once in the use of these articles, they go on day after day and month after month, swallowing the prescribed potions, until the leading functions are so much disturbed, and the sympathies of the system so deranged, that sooner or later, they fall a wreck of humanity into the hands of some physician, or die a martyr to their own delusions.

The *second* class are those who, as a general thing, differ from the first in this particular, viz., they are of sound judgment, but reason erroneously upon whatever concerns their own health. On this subject they are as essentially insane as the madman, whose wild and haggard expression bespeaks for him public protection and security from the effects of demoniac fury. The source of this monomania may be transient in its nature, yielding to prudent treatment, or pass away in virtue of the restorative powers of nature. If, however, it depends upon some deep-seated, organic affection, and the treatment is protracted, the patient soon demands of his physician a specific, and in its absence, betakes himself to the use of patent medicines. For a while he consoles himself in a fancied restoration, which the mental gratification of having found the desideratum affords. But this mental buoyancy soon yields, and with it the disease returns, and the medicine is abandoned for some other, which presents equal claims. It, in turn, produces results not dissimilar from its predecessor, and shares a like fate. Thus he goes on taking

specific after specific, until the affection, which in the beginning might have been ramoved by a prudent system of medication, becomes permanently established, resulting in the disorganization of some important viscus of the organism. Add to this the injury which the system has sustained by injudicious medication, and the patient dies a suicidal death.

I have no hesitation in asserting, and my conclusions have been drawn from the testimony of those whose extensive experience enables them to judge correctly, and from personal observation, that *nine-tenths* of the nostrums and patent medicines used at the present time, are consumed by monomaniacs and hypochondriacs.

Directly in this connection, the quality of this class of articles may be considered with propriety. I will here state my firm convictions, that the greatest want of success following the use of nostrums is the utter absence of medicinal virtue of the articles from which they are manufactured.

Almost every secret preparation which has gained any thing like an extensive popularity, comes to us from the East. There is a limited number of nostrums manufactured in Ohio. They are confined almost exclusively to Cincinnati. Two reasons will account for this: first, our citizens are, as a general thing, less disposed to deceive, and trifle with th elives of human beings, than those of metropolitan districts. The second and chief cause may be found in the fact, that in the extensive commission and drug establishments of large cities, an immense amount of medicines annually become damaged and inert from age. These must be disposed of to the greatest advantage by the proprietors. The best are adulterated, and done up for a western market, while the remainder is disposed of to those manufacturers of patent medicines, who constantly deluge the country with poisons, under the facinating cognomens of balsams, elixirs of life, panaceas, alteratives, sarsaparillas, &c. Many, may I not say most, of these combinations, do not possess the slightest curative powers. I am prepared to assert, upon reliable authority, that some of the most extensive houses in New York for manufacturing preparations of sarsaparilla, do not use half a dozen pounds of pure Honduras sarsaparilla in that many months. Sugar, essential oils, carminatives and Croton water, constitute the *sum totum* of their ingredients. I appeal to any one of judgment, no matter how deeply their minds may be imbued with prejudice, if depending upon such remedies as these, in case of active disease, is not hazarding the lives of those who use them.

Medication is of two kinds, *positive* and *negative*. The former is the active interposition of remedial agents to cure disease. The latter is the *tentative*, or system of let alone. Just as much professional skill is required to conduct the one successfully as the other. The application of both are essential to the restoration of every patient. When the laws of health are usurped by those of decay, some interposition is requisite, to remove disease and ensure a speedy restoration of the functions of life, to a normal condition. The powers of nature, in slight seizures, are adequate to the work; but in most instances, some artificial means or extraneous assistance, is called for.

If active disease is present in any case, demanding positive medication, and negative is applied in its stead, or what amounts to the same, the medicines used are inert; serious consequences must inevitably follow to the patient. And still worse yet will be the results, should the remedies be in appropriately applied. Negative treatment, when the opposite is called for, is just as reprehensible and criminal in the eyes of justice, as though the consequent injury should have been produced by the most active poison. The consequences to the patient are the same. To illustrate, take a case of apoplexy, administer a full dose of tar. ant. et potoss, rupture of the substance of the brain—effusion of a large amount of blood within the cranium, and death are the results. Again, an artery of considerable magnitude is wounded in the extremity. To arrest the hemorrhage, a cord is tensely drawn between the point of injury and the heart. It is permitted to remain, circulation is arrested, mortification and death follow. Or a patient has pernicious fever, intermission after intermission is allowed to pass, without the administration of the great *anti-periodic*—determination and conjestion of some one of the great tri-splanchnic vicera, produces speedy death. *This is manslaughter.* It will thus be seen, that in-appropriate treatment, or no medication at all, is criminal, just in proportion to the injury sustained by the patient.

I am willing to concede that most nostrums, if manufactured from pure drugs, may be applicable to, and cure some cases of certain diseases. For instance, Ayer's cherry pectoral, is composed of hydrocyanic acid, sanguinaria, emetine, morphia and simple syrup. This is a valuable combination, and if used with discrimination, will accomplish much ood. But it will not cure all the pectoral affections, to which

the human family are heir; on the contrary it will amount to simple negative treatment in some, and in other cases prove highly prejudicial. In these latter cases then, if the disease be serious in its tendencies, and the patient depends wholly for restoration upon this remedy, the foundation of some grave organic affection will become permanently established, and in spite of the best directed efforts, of the most skilled physician, the disease will run to a fatal issue. These are the most favorable results, that can probably flow from the indiscriminate use of this or any other remedial agent.

It will be quite a liberal estimate to allow, that one fourth of all the persons who use nostrums, are actually benefitted by them; in another fourth, the medication amounts to negative treatment, while the remaining half are positively injured by the use of the remedies. This calculation is based upon the assumption, that the articles consumed, actually possess power to remove diseased action. But when these combinations are made up of inert or adulterated drugs, the small proportion which received benefit in the first instance, will be divided between the two latter.

As a general remark, the evils following the administration of nostrums, are not more the effects of the remedy, than the want of appropriate treatment. Judicious medication in the first stages of disease, will do more to ward off and remove pathological charges, than at all others. So much so is this the case, that if the inceptive stages of certain affections are permitted to pass unimproved, the fate of the patient is almost inevitably sealed. This remark will apply with peculiar force to consumption; for if this malady is ever amenable to medication, it is then. This too, alas! is the disease, for which most or all nostrums, claim to be infallible specifics.

From hereditary proclivity, or a certain train of circumstances, many persons imagine themselves laboring under incipient phthisis, when perchance there is really no evidence, warranting the conclusion. However well founded their apprehensions may be, patients are slow to acknowledge the fact to their physician or friends. They use a bottle of some specific, and the slight bronchial irritation, which was the cause of alarm, passes away. They esteem themselves cured by the nostrum. The enemy at length may come, however, and that too, in such a disguised and insidious manner as to present little if any difference to the patient, from his former attacks, which yielded to the nostrum. Indeed, it would almost appear that these repeated seizures, were only

so many srategys thrown out, to prevent alarm, until the fell destroyer securely fastened it upon its victim. None but the most skilled auscultator, can discover at an early stage of phthisis pulmonalis, approaching danger.

Having been benefitted, as they suppose by them, the patient again resorts to the use of specifics, and in turn, tries half a score, before he is aroused by increased dyspnœa, cough, hæmoptysis, hectic, &c. &c. to a consciousness of his true condition. Alas! for the poor sufferer, the time has long since passed, when hope of permanent relief could be offered. His buoyant prospects ere long, are destined to be swallowed up in that eternal state, which knows no disappointment. Implicit reliance upon inert nostrums and inappropriate specifics in this disease alone, annually adds long lists of names, to the illustrious dead.

It is impossible for me to realize any essential difference in a moral point of view, between the charlatan, who from ignorance or otherwise, maks use of means for the cure of disease, which speedily results in death, and the manufacture of nostrums from powerless inert drugs, knowing at the time, that they will foster the seeds of disease, and lay the foundation of many incurable affections; or the man who prepares specifics for the cure of disease, conscious at the time, that at best, but one fourth of all who use them, will be benefitted, and that the remaining three-fourths, will either receive no benefit whatever, or positively sustain a greater or less amount of injury. If there be any difference it is this: in the first instance, the victim dies in the hands of his murderers, and in the two latter, the authors of the deed luxuriate in some metropolis, upon the price of blood. In each instance, such persons should be held up to the execration of every intelligent individual in an enlightened community. A righteous God has reserved for them in the future a just retribution.

Persons who manufacture and vend nostrums, may be arranged under the following heads:—*first*, those who have no conceptions of the responsibilities connected with and growing out of the healing art. They have never studied the laws of hygiene, physiology or pathology. All the knowledge which they may be in the possession of relating to medicine, has been acquired within the dominions of the laboratory; histology and clinic medicine, are total strangers to them. They seize upon a popular prescription of some regular physician, disguise its active ingredients by inert articles, and proclaim it as a *catholicon* of priceless value.

The *second*, embraces those selfish, sorded beings, who can attain to no higher or more ennobling sentiments, than those springing from personal aggrandizement. No expedient, however surely it may be fraught with disastrous consequence to the interests or well being of society, but what they will resort too, if it promises a liberal return. Licentiousness, gaming and kindred evils, are their favorite pursuits. They are abandoned to every thing but self. They pick up some obsolete prescription, discarded long since perhaps, for want of adaptation to recent diseases, if it ever enjoyed any reputation as a remedial agent, and announce it as a *Panacea* discovered in the possession of some Egyptian astrologer, long since entombed in the royal catecombs. The love of novelty and the thirst for the mysterious, are sufficient to secure to any article thus represented, a world wide reputation.

The *third*, are those who have some claims to medical knowledge. They may or may not have taken the *doctorate*. Upon the principle that ignorance exculpates from the effects of sin, the two former classes, may be some what excusable; but to the latter, justice cannot be meted out in this life. This class admits of a subdivision. First, those who commence the practice of medicine, with a spirit of emulation, creditable alike to themselves and honorable to the profession. They "run well for a season," and cultivate the profession with commendable zeal. But after pursuing this pains taking course for a time, without their efforts being crowned with success, and witnessing cotemporaries accumulating fortunes by vending specifics; in their eagerness to do business, they lose sight of those high resolves with which they set out, and devise some means by which they can make their profession subserve more efficiently to selfish ends. A nostrum is the result of their labors. Thus it is, that they abandon every feature of honor and sense of responsibility, connected with the ars medendi.

The next class of this division, embraces those who have accumulated considerable means by the laborious duties of practising the profession. Being somewhat avaricious, they determine to invest their hard earnings in a manner that will yield the greatest *per centum*. This is perfectly legitimate and commendable, within certain limits. No one, however, has a right to sacrifice the health and life of a community, for the sake of gain. Their profession has given them a passport to the inmost recesses of human nature. There they have learned, that credulity and desire for novelty, are impor-

tant structures in the fabric; and when disease attacks the animal economy, there is a certain inherent principle, which has in a majority of instances, power to remove morbid actions and restore a healthy one.

To operate upon these elements of human nature, is too flagrant an outrage upon justice and their conscience, if they have any for them openly to engage in. From their earliest connection with the profession as a physician, they have seen the evils of such a course, and sighed over the abandoned vender of nostrum and specific. The first lesson learned in the office of the private preceptor, was, that the laws of the animal economy, act with unerring certainty, and either in health or disease, they were not to be trifled with, with impunity.

These persons with their knowledge of physiology, pathology, and therapeutics, and in the face of their early education, open an establishment for the ostensible purpose of furnishing the profession with the requisite material, for curing disease. This is the garment which they wear next to the world. It is a comely covering, becoming the philanthropist. Beneath its graceful folds, however, lurk innumerable hideous deformities. By sanctimonious professions of fidelity and fealty to codes of ethics, these persons are often allowed a place among medical men, and sits in their deliberations. But divest them of these garments—enter there *repositories* of "pure medicines," and a splendid array of tinctures, powders, resins, extracts, &c. &c. are presented to the view. But examine some of the side shelves or recesses, and a different appearance is presented. There is something here, which is intended to be kept from the inspection of the physician. Open one of those neatly enclosed packages, and you find a *cathilocon;* examine another, and you find a *panacea;* another, discloses a *sarsaparilla ;* again, you find a *family medicine*; a *cordial* for children, or a *restorative*. Package after package is opened, until a specific is found for every disease to which the human family is subject.

A more minute inspection will disclose, that most of these preparations are deposited on commission. The observer will be astonished however, in finding that the "family medicines," "cordials," "restoratives," "vegetable pills," and a host of other articles, bear the same name, as the sign over the door of the establishment.

The amount of nostrums, and patent medicines sold in Ohio, is enormous. The results of calculations based upon

recently ascertained data, are truly astonishing. "But facts are stubborn things." In our own city, clogged as it is with physicians, an establishment which has recently changed hands, has been dispensing annually, *three thousand dollars* worth of specifics and patent medicines. In our sister city Cincinnati, a single firm, has *cleared over one hundred thousand dollars*, by the manufacture and sale of these articles during the past year. Setting down the average sales of each county at $3.000 (and this is a low estimate), and we have the immense sum of $261,000, almost sufficient to erect hospitals, and provide for all the indigent sick of the state.

The first and very natural question propounded by equity, would be; do these venders and manufactures furnish anything like an equivalent for the money they receive? The second and equally important to decide, is; do they not in their circulars and hand-bills, make promises and professions which are unequivically false and impossible to be fulfilled? and third, with a knowledge of the inertness of their nostrums, are they not obtaining money under false pretences?

I think that I have clearly answered the first of the propositions. In reference to the second, it is only necessary to add, that almost every article, proposes to cure disease, directly opposite in their pathology, nature and tendency. This is a direct violation of all known laws of therapeutics. Substantiating these two positions, establishes the third beyond dispute. Hence, persons engaged in these nefarious pursuits, justly merit the condign punishment of a broken law.

Is not this subject within reach of Legislation? Has the General Assembly of the State of Ohio, no power to protect the lives of her citizens from the gross impositions being practiced upon them by eastern capitalists? Should we, as a body, to whom the community look for sanitary regulations, quietly fold our hands in idleness, and withhold all agitation on this subject? There is a work for us to accomplish, one that is worthy the efforts of every philanthropist.

In a recent communication upon this subject, from Dr. Vattier, the able senator from Hamilton county, he informs me of his willingness and determination to give this subject his attention, and secure the passage of some efficient law, during the next session of the Legislature, which will restrain the vending of nostrums in this state. He suggests the following, as the basis of the law, viz. That "each vender of patent medicine, nostrum or specific, shall be compelled to place a printed label in English, upon the outside wrapper, setting forth the composition of the contained remedy."

The effect of such a law if carried into operation is obvious to every physician. It would remove the secret mystery and destroy the sacredness of the charm, which invest these remedies; and they are reduced at once, to their appropriate place on the scale, with other articles of materia medica. This subject will meet with fierce opposition from capitalists of our state, who have means invested in these articles; and also, from those extensive manufacturing establishments of the East, which depend upon this part of the country, for the sale of their remedies.

Retail druggists, convinced of the vast evils growing out of an indiscriminate use of nostrums, will gladly co-operate with us, in the use of any means calculated to lessen their use. Any part that the profession may take to restrain or suppress this nefarious, money making scheme, will be attributed by the nostrum monger to sinister motives, rather than to any enlightened spirit of philanthropy. This is so far from being correct, that I scarce deem it necessary to deign a reply to the aspersion. The interests of the profession on the contrary, would be, to disseminate nostrums and specifics, throughout the length and breadth of the land, and make every family their own physician. Many diseases which were simple in their character and amenable to the curative powers of nature, would thus be rendered complicated, demanding the prompt and protracted interposition of the scientific practitioner of medicine.

The labors of the physician are for public good. His investigations are open and generous, and conducted amid the accumulating sunlight of science. "For more than two thousand years, the minds of medical men have been directed to means for the prolongation of life, the preservation of health, and the destruction of pain and suffering. Minds of the most enlarged capacities have ransacked the various kingdoms of nature, and from her secret arcana, have extorted tribute, to pour in the lap of science. Whenever a discovery was made, with haste and alacrity, it was given to the profession and public. Take but one example. The name of Jenner, the highest on the roll of fame, would not have occupied that proud position, had he kept his discovery a secret. He saw a world in suffering and sorrow. No tick of the clock but some one was ushered into eternity, by that scourge of his race—small pox. With a perseverance that demanded success, for thirty years, he labored with this one—this all absorbing disease—the discovery of a prevention; and when

patience and labor crowned him with success, he proclaimed it as with trumpet tongues. Shame on him whose intelligence gives rank in his profession and character in the community, whose avarice and cupidity overcomes his duty, and whose selfishness knows no brotherhood in his profession or in suffering humanity. Whence did he derive the knowledge that prompted the discovery? Not from secret, patient investigation. He had roamed through the world of knowledge, and drank at the fountain of other men's wisdom. He reads their published records, mounts on their wings, and instead of soaring higher, and adding additional blessings to his fellow man," he shuts up the light thus obtained within the narrow limits of his own brain and seek to make it subserve to sinister ends, and tax the community for other mens labors.

ART. II.—*On the action of Water and other Fluids on Metallic Zinc.* BY CHAS. W. WRIGHT, M. D. of Cincinnati.

In consequence of the various uses for which metalic zinc is employed in the every day pursuits of life, as in the construction of cisterns, gutters, water coolers, &c., it becomes a matter of no small moment to determine the influence which such practice exerts upon the health of persons who are in the habit of using this metal for such purposes.

It is commonly supposed that when metalic zinc is placed in water, its surface becomes covered with a thin coating of the sub-oxide, which does not increase in thickness, and that this film protects the metal from the further action of chemical and mechanical agents. Now, although this is true when that substance is exposed to the atmosphere, it is not the case when it is kept under the surface of water. Thus, when the water of the Ohio river is placed in a zinc vessel, freely exposed to the air, the carbonate and hydrated oxide of zinc are rapidly formed, and subside to the bottom of the liquid. These substances are more rapidly generated in pure water, than in that which contains saline or organic matter in solution. The water from melted ice is more corrosive than either well or river water. It is well known that water in the act of freezing parts with the gaseous and saline matter which it holds in solution, and that when it thaws speedily, reabsorbs the gases which it lost in passing into the solid state; and in that way has its corrosive powers increased. The

compounds, thus formed, are not soluble in water, but as they may be mechanically suspended in it, and by that means find their way into the system; it becomes highly important to determine their action on the animal economy. The carbonate of zinc, or calamine, as it is sometimes called, does not appear to possess a poisonous action; no case, where it has produced serious consequence, ever having been reported. The oxide of zinc is not a very active substance, there being but one instance on record where it produced symptoms of poisoning. In that case the individual took twenty grains of the oxide daily, until he had consumed the enormous quantity of three thousand two hundred and forty-six grains; a larger amount than is ever likely to find its way into the system, under the circumstances above mentioned. The following symptoms were observed: great emaciation, face pale and of an earthy hue, tongue coated, constipation, extremities cold, abdomen tumid, pulse sixty and scarcely perceptible, mental imbecility. This case rapidly recovered under the employment of purgatives, diuretics, tonics, and a light nutritive diet. The oxide, in this instance, was administered for the cure of epilepsy.

The oxide of zinc, which is extensively manufactured in this country, is used as a substitute for white lead. This substance is employed with a view of avoiding the poisonous effects of the latter on painters and others, who are subjected to its deleterious influence. It has been supposed that this oxide might give rise to metalic colic, and Dr. Bonvier relates the case of a man, employed in the zinc paint works, who experienced a very serious attack resembling lead colic; but as much of the zinc of commerce contains lead, in various proportions, the disease was probably, caused by that metal. "At a late meeting of the Academy of Sciences, at Paris, M. Sorel, replying to some authors, who, at a preceding session of the Academy, had made some observations, tending to show that zinc was not inocuous, stated that for fifteen years he had employed in his establishment for the galvanization of iron, several hundred workmen; a large number of whom were occupied with pulverizing and sifting the gray or suboxide of zinc, for galvanic painting, and in no instance had any of the workmen of the establishment, although in the midst of an atmosphere containing much of the oxide, suffered at all from it. The white oxide of zinc had also been fabricated for some months, without any ill effects, although the men breathe considerable quantities of the oxide."*

*Annual of scientific discovery for 1852.

On examining river, rain, and ice water, which had stood for a number of weeks in a zinc vessel, I could never detect a trace of lead in it. It is altogether probable that should the lead, which is alloyed with commercial zinc, be affected by rain or ice water, and find its way into the system, it is not in sufficient quantity to produce serious consequences; for as Prof. Bigelow states, in his "report on the action of cochituate water on leaden pipes, the presence of lead in very minute amount, like the presence of other substances in infinitesimal quantities, is in operative on the living body."

It is not alone for water vessels, that zinc is employed, for it has been used for sometime, in the construction of utensils for holding milk during the separation of cream. In this respect zinc exerts a very peculiar influence, which is not, however, confined exclusively to that metal. It is found that cream separates more readily, and in greater abundance, when fresh milk is placed in a zinc vessel, than in an earthen one. It is interesting to trace the cause of this. I find that the lactic acid fermentation takes place more rapidly in milk, when kept in an earthen vessel, than it does in one of zinc; and that, too, when it is allowed to become cold before it is placed in them for experiment; so that it is not due to the more rapid abstraction of heat from the milk in the latter, from its superior conducting power, which would retard the transformation of sugar of milk. I also observed that putrefactive decomposition commenced earlier in the earthen vessel than in the zinc one. It must be borne in mind, that, in the first of these transformations, the change begins in the albuminous matter of the milk, and if, by any means, this can be prevented, the lactine or sugar of milk is never converted into lactic acid. Now, when the anticeptic powers of all the salts of zinc are taken into consideration, it will not be difficult to explain these remarkable results. Thus, when milk is placed in a zinc vessel, the oxide which covers its surface, is divided between a portion of each of the acids, which are combined with the alkaline and earthy bases of that fluid, and in that way rapidly diffused through it, and these, by their anticeptic power, prevent the incipient putrifaction of the albuminous matters of the milk, which is always the primary cause of the souring of that liquid.

It is highly important to determine, whether or not the practice of allowing the milk to remain in zinc vessels is injurious to the health. From the attention which I have given this subject, I think it is not, when the milk is co-

moved before the lactic acid fermentation commences; as by this means the formation of the lactate of zinc would be prevented, which is the only salt that is at all likely to be formed in sufficient quantity to give rise to serious consequences. It is said that nausea and vomiting have been produced by the use of milk and cream that have been allowed to stand in zinc vessels; but this is not likely to occur if the milk be removed before it becomes acid; it must also be remembered that the lactate of zinc is the least soluble salt of that metal.

Metalic zinc, I find, exerts a similar influence in retarding the putrefaction of urine. Thus, if two vessels, of the same size and form, be taken, the one of zinc, the other of earthen ware, and filled with urine, that which is contained in the latter becomes putrid in from six to eight hours sooner, in summer, than the former. The changes which occur during the putrefaction of urine are very analagous to those which are observed in the lactic acid fermentation, in both the metamorphosis begins in an albuminous substance. In the urine the vesicle mucus, or other fermentescible matter, in a state of change, transforms the whole of the urea into carbonate of ammonia, the elements of water being at the same time assimilated. This anticeptic influence of zinc is more strongly marked in urine, than it is in milk, and we can very readily see why it is so. Soon after the urine is voided, the vesicle mucus and epithelial scales subside to the bottom of the liquid, in immediate contact with the zinc, and are thus protected from change by that metal. The decomposition always begins in that portion of the secretion which is in contact with the mucus sediment, where it becomes alkaline before that in the upper part of the vessel has lost its acid reaction.

The putrefaction of the organic matter, which is contained in river water, is retarded when that liquid is kept in zinc vessels; and the same remark will apply to all waters containing nitrogenized substances in solution.

The rancidity of fats and fixed oils is retarded by being in contact with a zinc surface; and I find that a small portion of the carbonate or oxide of zinc, rubbed up with any of the fats, exerts a similar influence.

ART. III.—*Surgical Cases.* By T. WOOD, M. D. Cincinnati.

To the Editors of the Western Lancet:

GENTLEMEN—I hand you an account of a few cases that have occured in my practice during the present summer, think-

ing they may be found somewhat interesting to the readers of the Lancet. They are noted in the order of time in which they appear in my day-book.

CASE I.—*Operated on May 15th*, 1852. Mr. E———, aged 67 years, a farmer of Clermont county, Ohio, came to the city for advice in relation to a large tumor on the arm, extending from the lower margin of the axilla to near the elbow joint, which entirely destroyed the usefulness of his arm, and gave him so much pain that he was unable to sleep.

His attention was first called to the affection about two years since, by an acute pain at the center of the shaft of the bone. No swelling of the part was at that time visible, but an enlargement of the bone soon appeared near the middle of the arm, and gradually extended in both directions until the tumor had arrived at its present size.

On examination, the appearance of the tumor was lobulated, and it extended about equally in all directions from the shaft of the bone. Its covering of skin was free from morbid attachments to the parts beneath, and it presented an unbroken surface. To the touch the tumor gave a cartilaginous impression, except at the points of the numerous lobes, where it was yielding and elastic on pressure, giving the idea that those points contained pus.

By taking hold of the arm at the shoulder and the elbow, the arm proved to be very flexible in the center of the tumor, evidently showing that the continuity of the bone had been destroyed.

The nature of the disease was so manifestly malignant that I could not offer the patient any ground for a hope that an operation would insure a permanent cure, yet he was anxious and determined to have the arm removed, even for a short respite from the pain and sleepless nights that had wasted his flesh from 170 to 118 pounds in the last two years.

From the nearness of the tumor to the shoulder joint, an operation below that point could not be performed, as there was barely room left above the tumor to get flaps to cover the joint, and it was supposed that the bone would be found diseased up to its head. I therefore determined on a resection of the joint, and to make anterior and posterior flaps.

The operation was commenced (while the patient was under the influence of chloroform), by passing the catline from the point of the acromion down behind the head of the bone, until its point presented in the axilla, making the posterior flap first. The arm was then thrown forward on the chest,

while the knife severed the ligaments of the joint, and the head of the bone was raised from its bed, and by a sweep of the knife the anterior flap was made, and the arm removed. During the operation, Dr. J. P. Walker controlled the bleeding completely by pressure with his thumb on the subclavian artery above the clavicle, where the artery lays on the first rib. The axillary artery, and six small branches, were secured by ligatures during the operation. After the operation, the patient was put to bed, and reaction was soon established, and he enjoyed that night more sleep than he had any night in the past two years, according to his own statement.

On the sixth day after the operation, some of the small ligatures suparated, but the one on the large artery did not come away until the seventeenth day, and by that time the wound was nearly closed, the principal part of it having come together by direct union.

On the 19th day the old gentleman left the city quite well.

CASE II.—*July 30th*, 1852. Mrs. C——— was brought to bed in her first confinement, and had a very protracted and tedious labor, from a rigid, unyielding vulva. The child on delivery was in a state of syncopy, so profound as to leave but little hope for a restoration to life. Full five minutes had been lost in fruitless efforts to excite breathing, and the only sign of life observed in the child was a slight convulsive effort while its lower limbs were yet in the vagina, after which it lay flaccid, exsanguineous, and in appearance dead. Cold air, cold water, and brandy had been thrown on its chest without producing the slightest effect, and I was about to inflate its lungs, when I noticed that the vessels of the cord were much distended with blood, and a very feeble pulsation in its arteries. Finding this condition of the cord, suggested the idea that, perhaps, if the blood it contained could be forced into the circulation of the child, it might afford the required stimulation. Instantly acting on the suggestion, I took the cord between my thumb and fingers, and drew its whole length between them, so as to force the blood into the child, when it immediately cried lustily, and animation was completely restored. It had no more difficulty in beginning life, and is now doing well.

I report this case under the impression that this mode of treatment is original.

Since having the above case, I tried the same treatment in a child that was delivered after a long labor, embarassed by convulsions. Animation was at once restored on forcing the

blood from the cord into the circulation of the child, but there was not, previous to resorting to this means, such complete prostration of the child as in the first case, and, though effectual, the result was not so striking.

My friend Dr. A. M. Slocum informs me that since I related my case to him, he has tried it in a similar prostration of the child, with the same happy result.

CASE III.—*August 21st*, 1852. *Strangulated Hernia.*—I was called in haste to see a case of strangulated hernia, that occurred in the practice of Dr. Brüehl, in a boy about eight years of age. It was an inguinal hernia of the right side, and had been incarcerated about seventy hours.

The usual means for reduction had been tried previous to my visit, and the only remedy left, except an operation, that was thought reliable, was the chloroform. This was administered, and the patient brought fully under its influence, but the tumor remained as firm and unyielding as before it was used. The only resource left was the knife. I operated, assisted by Drs. Conner and Brüehl. The structure was found at the internal ring.

On opening the sack a dark chocolate-colored fluid with a fœtid gas escaped, and the whole of the strangulated portion of the bowel was found in a state of complete mortification. At the first view I supposed that the case was hopeless, or at best, life with an artificial anus; but on cleaning away the discolored and fœtid contents of the sack, I found that instead of the usual kunckle of bowel, it was the coecum and vermiform appendex that was strangulated, and that the integrity of the illeo-coecal junction was not impaired. The stricture was cut, and I drew down the coecum and cut off the dead portion, which was about one inch in length, and the end from which it was separated was left lying within the ring, and the patient was put to bed. In a few hours he had a copious stool, and his recovery followed without any unfavorable symptoms, and without an artificial anus.

CASE IV.—*August 27th*, 1852. *Lithotomy.*—Mr. R. W———, aged 23 years, came to my office on the 20th of July, to be treated for a structure of the urethra; stated that he had been troubled with it, at times, since he was seven years of age, but that it had recently become much more troublesome. His urine was voided with great difficulty in drops, or at best in a small broken stream, that was often interrupted in its flow, giving him much pain and uneasiness in the bladder. His general health was good, though his constitution was somewhat worn and emaciated by suffering.

I made an exploration of the urethra with a small steel sound, and found a stricture near the bulb, but it allowed the sound to pass after a few minutes of steady but gentle pressure. After this, by the daily use of sounds, (taking larger ones as the structure yielded), I succeeded in gaining sufficient calibre of the urethra to admit of an exploration of the bladder, when it was found to contain a stone. The nature of his difficulty was then explained to the patient, and the various operations pointed out to him, from which he might choose his remedy. The resistance offered by the stricture was in the way of lithotripsy, though, as I believed the stone to be of small size, it was desirable to accomplish its removal by crushing it if possible; and with this view, I continued to dilate the urethra, intending to operate as soon as the lithotriteur would pass.

The dilation was slow and difficult, but it was continued with some hope of success until the 13th of August, when a profuse and alarming hemorrhage from the urethra compelled me to desist from the further use of the sound. According to his statement he passed a quart of blood from the urethra in an hour, bringing him nearly to a state of pulseless syncopy. This bleeding did not appear immediately after the use of the sound, but commenced about six hours after its last introduction, and no unusual force had then been made with it, so that I was left in doubt whether it had any agency in causing the bleeding. Yet I felt that I would not be justified in continuing to use it.

As the patient recovered from the prostration caused by the bleeding, his distress on passing urine was much augmented, and he insisted on having an early operation, in any way that would promise him relief. The advice of my friend Dr. T. Carroll was procured, and he concurred with myself in the opinion that lithotomy was the operation best suited to the case.

On the 27th of August, assisted by Drs. P. G. Fore, T. Carroll, P. S. Conner, J. P. Walker, and other of my medical friends, I performed the lateral operation, and removed a small spheroidal calculus, one-half inch in diameter.

Since the operation his recovery has been rapid, and no unusual or doubtful symptoms have supervened. On the tenth day after the operation, a portion of the urine passed by the urethra, and now, on the seventeenth day, very little passes by the perineal wound, and the patient walks about the house ree from every lingering doubt of the success of the operation.

CASE V.—*August 29th*, 1852. *Hernia.*—This was a case of congenital scrotal hernia of the right side, in a boy eighteen months old. The tumor was of remarkable size for so young a child, it being as large as a goose egg. The strangulation had existed about forty hours.

On opening the sack, or rather the tunica-vaginalis testis, a large quantity of serous fluid escaped, which was of a slightly redish tinge. The bowel was found highly inflamed, but free from gangrene, and the stricture was met at the external ring. After relieving the stricture, considerable difficulty was experienced in returning the large mass of protruded bowel. I found it impossible to return it in mass, and was obliged to unfold the convolutions of the bowel, and knead it in, a little at a time, on the point of the index finger.

The patient had a free alvine discharge in about two hours after the operation.

The most remarkable circumstance that occurred in this case, was the enormous swelling of the testicle of the right side, following the operation, which was no doubt owing to the close connection between the tunica-vaginalis, which was cut, and the testicle. This swelling subsided in a few days under the free use of cold water dressings, and lotions of the actate of lead; and the patient is now well.

ART. IV.—*Remarks on Dr. Boling's "New Symptom of Pneumonia."* By E. M. DURHAM, M. D., of Sumner Co., Tenn.

We noticed in the August No. of the Lancet, an article headed "*New Symptom of Pneumonia*, by Wm. M. Boling, M. D., &c."

"It consists," says he, "of a deposition on the teeth, just along the margin of the gums, of a matter of different shades of color, from a bright orange to a dull vermilion, forming a line of about the sixteenth of an inch wide," &c.

We would remark that, in a number of cases of pneumonia which occurred within the limits of our observation durring the months of February and March last, this orange colored deposition was perceptible, and in connection with this phenomenon, the urinary discharges were uniformly found to partake of the same "orange or vermilion hue" observable on the teeth; but unlike Dr. Boling, we were disposed to attribute it to the free administration of tartarized antimony,

rather than to suppose it a symptom of the pulmonary inflammation.

We were led to this conclusion from the following facts:

1st. This marginal ring did not appear in any case under our observation where the tartar emetic had not been freely administered.

2d. In no case was this appearance observed before the administration of tartar emetic had been persisted in for several hours.

We do not recollect to have seen anywhere such an effect ascribed to the use of the tartarized antimony, but whether or not it is really capable of producing such an one, when administered to a healthy individual in ordinary doses, we are firm in the belief that, when given in large quantities, (such as it is well known, patients laboring under uncomplicated acute pneumonia are able to bare,) it certainly is.

I would gladly know whether or not Dr. Boling's cases were upon the use of tartar; if not, of course my explanation is an imperfect one, and leaves me quite in the dark as to the true nature or cause of the "new symptom," as we are satisfied that Dr. Boling's supposition, relative to its "development by the miasmatic poisoning of the system," is incorrect, inasmuch as the cases in which their appearances were observed by us were originated by exposure to cold, in a high and mountainous region, where the influences of miasmata are seldom (if ever) felt.

ART. V.—*Spasmodic Disease controlled by large doses of Opium.*

To the Editors of the Western Lancet:

SIRS,—In the April number of the Lancet, I find a notice of a report of a case of puerperal fever, by Dr. Wm. Kelly, resident physician to Blackwell's Island Hospital, N. Y., treated with heroic doses of opium, which the editors of the Lancet suppose may stagger the faith of their readers. This reminded me of a case that occurred in my practice in 1840, and having taken notes of the case at the time, I will report it for the benefit of your numerous readers, at the same time promising, that if it staggers the faith of either the editors or readers of the Lancet, I can establish the correctness of the report by my friend and partner at that time, Dr. H. S. Nye, now of Frankfort, Ross county, Ohio. The case occurred Nov. 11th, 1840.

John Jones, aged twenty years, returning from the field after a hard day's labor, and perspiring freely, was caught in a rain, which came on late in the evening with a sudden diminution of the temperature of the atmosphere.

This sudden suppression of perspiration occasioned an inflammation of the axillary glands on the right side, and a stiffness and soreness of the muscles of the limbs, succeeded by cramp or spasms, so violent as to require the assistance of his friends to hold him. At this stage of the disease, he was visited by my partner, Dr. H. S. Nye, who found him tolerably easy yet complaining of an occasional sense of smothering and oppression of the breast.

Ether and laudanum were immediately administered, which gave much relief; forty grains of calomel were then premised, to be followed with cathartic pills in a few hours.

Nov. 12th. Visited by Dr. Nye, found him quite restless and in much pain, medicine not operated on the bowels. Gave him a solution of epsom salts and emet. tart. until free vomiting was induced and the bowels freely catharticised; after which he seemed much relieved, gave ten grains pulv. Doveri, and left him easy.

Six o'clock of the same day, I first saw the patient, found him more composed than when the messenger had been despatched, yet restless and excessively nervous; which was evinced by sudden jerking or twitching of the limbs from the touch, or the least external irritation; occasional kicking for a half a dozen times in quick succession against the foot board, with a violence sufficient to occasion great pain and soreness in the foot of a well person. The pulse was full, somewhat hard, and about eighty in a minute, bled him to sixteen ounces, which produced syncope and occasioned an excessively free perspiration; this was encouraged by warm steaming applications, and warm drinks; and ether and laudanum in equal parts in teaspoonful doses, with directions to continue them pro re nata. Rested well until near day of the morning of the 13th, when I was again called to see him, having had a return of the spasms, with a great sense of oppression about the chest. Gave him an emetic, and immediately succeeded it with a large dose of jalap and cream tartar. This failing to operate in two hours, gave him forty grains of calomel, this to be followed with senna tea during the day.

Six o'clock P. M. Medicine retained, but no operation on the bowels; bled sixteen ounces, producing faintness, and gave an ounce of castor oil, used enemata, which immediately

produced a stool. Medicine operated freely during the night. Also troubled with a suppression of urine, which was relieved by uva ursi. The spasms increased during the night, requiring a greater amount of anodynes than at any time previous to control them, the attendants not being sufficiently aware of this, failed to increase the quantity, and the consequence was they became more frequent, and of longer continuance, some lasting for an hour or more, and from that down to two or three minutes, with intervals of from three minutes to three hours.

The spasms generally commenced in the muscles situated on the back part of the thighs, then the gastrochnemei, then along the spine, and leaving him instantaneously. He required the assistance of three or four men to hold his legs straight, and the weight of as many more on his breast, to hold him down when the spasms took him in the back, and unless he was thus kept straight, he said he could not live, as the spasms took his breath.

14th. Dr. Nye saw him at three o'clock P. M. Gave him spirits terebinth. and opii, in doses of from two to three grains, every two or three hours, and laudanum and ether during the intervals, the spasms becomes less frequent and violent.

I saw the patient at 9 o'clock, P. M. same day, spasms continuing, bled him thirty-two ounces, and gave large doses of opium, ether and terebinth. Slept five hours, then another spasm, used the warm bath, had one spasm, then slept for three hours, still had the spasms at intervals, of from one to three hours. Gave from one to three grains of opium per hour during the day of Saturday the 15th.

16th. Continued the opium, gave an injection. Cathartic operated at 2 P. M. Spasms continued all day lasting from one to five minutes; during the intervals he was cheerful and felt well, only complaining of soreness of the muscles.

Six o'clock P. M. saw the patient'again, bled him to thirty-o ounces, during the night he took about fifteen grains of opium, beside laudanum and ether. Slept some, and had from seven to twelve spasms, continuing from one to six minutes. Blister applied the whole length of the cervical and dorsal vertebra, which drew well. Saw the patient on Monday, the 17th, at 3 o'clock, P. M. he had had twenty-two spasms in three hours.

Up to this time the weight and measure of his medicines had been guessed at, but the quantity of opium he took had

now become so great, and as I designed increasing it, I determined to weigh each dose and put it up in separate powders, so as to know exactly the amount he took.

I immediately put him upon the use of six grain doses of opium in powder, and ordered them repeated every two hours, unless he should show evident signs of narcotization, which not taking place, the powders were continued until Tuesday, the 18th, when I found my patient much better, had slept well nearly all night, had some six or eight slight spasms during the day; opium continued in six grain doses every two hours, until Friday the 21st, making at least four full days, when the spasms becoming slight and much less frequent, the opium was gradually discontinued. The patient soon recovered.

From the father of the young man, I learn that he has had some two or three similar attacks, since residing in the state of Illinois, whither he removed two years after recovering from this attack.

These subsequent attacks were all brought on by sudden exposure to cold, when his system was heated, and were all relieved by opium; but in what quantity it was administered I could not learn.

Very respectfully,

Eleazer Martin, M. D.

Bloomingsburg, *Fayette Co. Ohio.*

Art. VI.—*Case of Wound of Trachea.* By E. Barnes, M. D., of Logansville, O.

On the 19th of March, 1851, I was called in haste to see John B. W——n, who, in an attempt to commit suicide, had made a bold stroke, with a razor, dividing the integuments and muscles, and small blood vessels, almost separating the trachea from the cricoid cartilage. When I arrived, found that syncope had been induced, from which state, however, he had partly recovered. The blood being washed from about his neck and face, I found that all oozing of blood had ceased, and proceeded to dress the wound. A soft sponge being laid over the wound in order to dry it, enabled him to articulate, when he strongly resented any means being used to save his life, as he was determined to put an end to his existence. He was now a raving maniac. His head and shoulders being slightly elevated, I thought prudent to let him rest awhile. In the mean time, I sent for my friend Dr. L., of Quincy. When the Doctor arrived, all the plans for treating

wounds of the trachea, given by the different authors with whom we were acquainted, were reviewed in our minds, none of which (owing to the peculiarities of our patient) seemed to meet the demands we thought the case required. Most authors say, plasters and sutures are inadmissible, except in cases where an irregular and zagged division of the larynx or trachea has been made, or where the trachea has been completely cut through. In these cases it may be requisite to employ sutures, *but they should be passed merely through the cellular tissue around the cartilage, and neither* THROUGH *the* CARTILAGE *nor the skin.* Knowing that the state of the patient's mind would operate seriously against the healing of the wound, and seeing by his actions that it would be next to impossible to keep the parts in contact, and, above all, discarding the idea of having our patient go about the country wheezing through an unnatural aperture, we resolved to run the risk of inflammation and pursue the following course: Two strong curved needles being armed with a suitable ligature, I passed one through the wound into the trachea, and brought it from the inside out through the elastic tissue between the first and second rings; the second needle was passed into the windpipe, and with some exertion forced through the lower edge of the cricoid cartilage. This course was pursued until three sutures were put in, each enclosing a portion of the cartilage and first ring of the trachea. The sutures were now tied, which placed the parts nicely together, and produced neither cough or difficulty of breathing. The ends of the ligatures were left hanging out of the wound; two or three were passed through the skin, and the edges of the external wound brought together, and the patient put to bed and made as comfortable as could be. There was no secondary bleeding, and patient having been sufficiently depleted, no treatment was ordered at the time.

21*st*.—Found my patient with considerable fever; pulse quick and small; mind very much deranged; tongue furred; has eat nothing; slept none since the 19th; drinks cold water plentifully. I prevailed on him to take a little corn gruel, and administered a dose of salts and senna; wound looks as well as could be expected; his room was darkened; no persons admitted, save two nurses; cold water to be freely drank and applied to his head.

22*d*.—Mind more composed; slept about three hours last night; had two large watery stools; no fever; external wound uniting some at the corners; converses freely; does not know why he committed the act.

24th.—Looks quite intelligent; says he is glad to see me, that he has a cough and wants me to cure it; this convulsive cough was caused by matter escaping into the trachea. I cut the sutures, opened the external wound, which gave a free exit to the discharge. The wound discharged freely, and was dressed twice every 24 hours.

27th.—The sutures with which the trachea was united came away with the dressings this morning, and to my joy and surprise there was no escape of wind. The external wound was now a second time put together, and the patient continued to mend from day to day, and is now a sound man in body and mind.

ART. VII.—*A Case of Medullary Sarcoma of the Liver Complicated with Biliary Calculi in the Gall Bladder.* By G. P. HACKENBERG, M. D., of Springfield, Ohio.

I. Joel Laybourne, aged 72, was born in England and resided in this part of the State for the last thirty five years. He was by occupation a farmer, and lived in a neighborhood were some of the inhabitants suffer occasionally from miasmatic complaints. He was temperate in his habits and enjoyed tolerable good health. Some thirty years ago he suffered severely for two years from intermittent fever; whilst of later years he had occasional attacks of rheumatic pains. In the beginning of March 1850, operated on him for Hydrocele, which was confined to the left tunica vaginalis. In the following winter, in my absence to New York, the right tunica became simularly affected, for which he was operated on by Dr Gillet of this city. When thus affected, he had some dysuria, pain in the groins, with an impaired condition of the general health. In the spring '51 on my return from the East, he became my patient for the second time. I found him cured of his hydrocele, but complaining of a deranged condition of the chylopoietic organs, such as want of appetite, food causing some pressure and fulness in the stomach, tongue coated, gastrodynia, general debility of muscular system, some emaciation, the bowels inclined to costiveness, &c. I preseribed mercurial eutrophics and aperients, followed with tonics and excito-diuretics. This plan of treatment didwell enough as a paliative, but nevertheless he remained an invalid until the beginning of October, when I was requested to see him again. Soon after this time he was confined to bed, and within a short time

the disease arrived at it established acme. I have not taken any notes of the treatment and symptoms of the case, and have therefore solely to rely upon memory in enumerating them. But as the symptoms were rather uniform throughout the course of the disease, I will be able to pass over them with tolerable accuracy.

1. The general decubitus of the patient was on either side; the legs were drawn up, with the chest bent forward, in such a way as to put the abdominal muscles in as relaxed a pasition as possible. The dorsal position caused a sense of sricture across the region of the stomach and liver. Another peculiarity of decubitus was the incessant change from side to side, this disposition increased as the disease advanced. Comparatively he laid longer on the right than on the left side. The face was pale and of a livid complexion, but the features appeared little disturbed by pains. The movement of the body, particularly the lower extremities were sluggish, perhaps more on account of extreme weakness, than from any other cause. The surface was exsanguineous, cold and peculiarly dry, particularly the extremities. The voice and senses remained unimpared, but the eyes from an absorbed condition of the exchoroid tunics had that light bluish expression sometimes so peculiar in chlorosis. There was no jaundice.

2. The tongue was of a natural shape and easily protruded, but its surface was coated with a white fur, leaving the tip and the edges of a dull florid hue, studed with largely developed papillæ. The posterior surface had a hastate or halbert shape print of a dirty brown fur, with the point terminating at the white coating. This dark sordid coating was quite superficial, and appeared as if the white had only been thus stained, and disappeared about a week before dissolution. The patient complained that he had not much taste. His mouth and lips were dry. Some pain in the throat, which slightly affected deglutition, but this also subsided about a week before death. There was never much thirst, with the exception of the last three or four days. The appetite was almost entirely gone, and he would only take food through necessity and hardly ever from inclination. Food and drink taken into the stomach would cause a sense of pressure, and to use his own expression a most "unpleasant filling up." It was only once or twice that the patient vomited, seldom that he complained of nausea. The epigastrium was occupied by a fixed tumour, which by palpation was supposed to be the size of a man's fist. By auscultatory percussion, as practiced by Dr.

Clark, of New York, I predicted that it was an enlargement originating from the left lobe of the liver. Over the region of the tumor was a dull pain, and which was considerably aggrivated by firm pressure. Towards the decline of life, the tumour diminished some in size, and by palpation the pain was much diminished. The abdomen and lower extremities were extended with dropsy. There was occasional renal pain, no doubt partly occasioned by our diuretics, and partly from "spinal irritation." I should suppose the latter from the fact that the patient labored under paroxysms of intense pain from the occiput down to the sacrum, shortly before death. Through his sickness he had two attacks of supposed colic. The friend of the patient thinks that he had similar slight attacks through the summer. His alvine evacuation were tolerable regular, without the intervention of aperients. They were very susceptable to our hydrogogues upon which we once ventured, so much so that we were deterred from trying them again. The alvine discharged were generally of a dark-brown color, but not very fœtid, their consistency were mushy like. They inclined to a lighter color towards the termination, but I do not know that they were ever of a decided clay-color, which would indicate much deficiency of bile. I never saw bile in the discharges. There was always considerable flatus in the alimentary canal, and its exit gave great relief. By some impulse there were a few involuntary discharges; one taking place shortly before he took to bed; which was accompanied with such a depression of the heart as to cause syncope, the others occured in the beginning of his confinement, but were not accompanied by fainting, owing no doubt to his recumbent position. There was no tenderness over the bowels, below the region of the tumor. There was a remarkable stubbornness of the secretion of the kidneys; in defiance of our diuretics in every form and veriety, their function could not be augmented. Not being able to counteract the effusion by the kidneys and the bowels, I freely administered the pulvis ipecacuanha compositus, pretty much after Grave's plan, in order to ascertain what good might be done by inducing a new impulse of the circulation, and thus excite perspiration. The remedy had the happy effect in restoring a more equable temperature of the surface, and in particular that of the extremities, and *likewise acted as an efficient diuretic.* This revealed the morbid condition of the kidneys, that they suffered from congestion, and by diverting the circulation to the surface, we relieved

their hyperæmia, and thus restored in a measure their normal function. For a few days this change of treatment had a marvelous effect for the better. So much were the most formidable symptoms in a measure relieved, that the patient thought himself touched by the wand of magic, and that he was now fast geting well. A strong tendency to coma with heavy and protracted sheep contra-indicated the further use of the opiate. But even before this took place, I perceived that the remedy was fast loseing its former happy effect.

3. The circulation generally was in a rather singular condition. The main balance of the blood appeared to be confined to the arteries. The patient was weak and ex-sanguineous, whilst the pulse was generally pretty firm and normal in its beat. There was a diminution of the force of the pulse as the patient sunk, but not near as much as many might suppose. Even at the point of dissolution, when the brain had given away for hours, we had not the pulse of a dying man! The action of the heart and arteries were well sustained throughout the whole course of the disease, and were the last to yield in the dying struggle. The hectic paroxysms, which erratically occurred, accelerated the pulse. There were a few attacks of palpitation of the heart. The veins were always poorly filled.

4. The mind remained calm and undisturbed, with the exception of a few times in the hot stages of the hectic paroxysms, when there was some delirium. Coma ushered in about twelve hours before death, preceeded by a most violent and excruciating pain along the spine. The mobility of the lower limbs became impaired in proportion as the anasarca advanced. Towards the last he suffered occasionally from much aching pain in them. The ascites never caused pressure upon the lungs; their action were always free and easy. The pain in his back, over the region of the kidneys, gave him sometimes considerable distress, but it was not permanent. The few attacks of supposed colic were confined to no fixed part of the bowels; the last one, which occurred in the beginning of his confinement, was the worst. There was sometimes headache, but no preternatural heat of the head. Raising out of bed would cause dizziness, and much additional weakness. Of all his pains, that sense of fullness in the epigastrium was the most distressing. He died about the first of November.

II. A post mortem examination was made about twenty-four hours after death. Upon opening the abdomen a few

gallons of serous fluid was taken out of the peritoneal sac. The anterior edge of the liver was adhered to the epigastric walls of the abdomen, with the left lobe wonderfully extended with an embedded tumor. An incision into the same verified it to be Medullary Sarcoma. It appeared that the entire left lobe was degenerated and almost entirely obliterated with the disease. Other parts of the liver were so much implicated with the same morbid growth, induration and infiltration, that it necessarily was incapable in performing its physiological function for many days, if not for the entire month of October! The gall-bladder was enormously extended with a very fœtid purulent fluid, containing a small handfull of biliary calculi of various sizes of the mellitic kind. One of them plugged the orifice of the ductus communis choledochus. The ductus communis appeared not enlarged by the previous exit of biliary stones. No bile was traceable in the whole biliary apparatus. In the haste which I was urged to make the autopsy, I examined only one of the kidneys. The cortical portion was somewhat morbidly affected, but by its color and somewhat compacted condition, I would suppose more with a lesion of the circulation than that of any structural changes. The urine was never albuminous. No section was made of the brain and spinal column. All the other organs were in their normal state.

The interest of the case is a sufficient apology for the extent of my details. I will not weary the reader with additional remarks of my own. An analysis of the symptoms with the pathology of the disease will at once show the intelligent physician the interest of the case. So obscure and latent, and even perverted, were the characteristic symptoms of the disease, that my friend, Dr. Bruce, considered the dropsical effusion idiopathic; and the tumor in the epigastrium, hypertrophy of the stomach. The hydrocele and the assimilating condition of the stomach appeared to favor the opinion, but the knife demonstrated it to be otherwise.

PART II.

REVIEWS AND NOTICES.

ART. VIII.—*The Principles and Practice of Surgery. Illustrated by three hundred and sixteen Engravings on Wood.* By WILLIAM PIRRIE, F.R.S.E. Regius Professor of Surgery in the Marischal College and University of Aberdeen; Surgeon to the Royal Infirmary, &c. Edited with additions, by JOHN NEAL, M. D. Surgeon to the Penn. Hospital, Demonstrator of Anatomy in the University of Pennsylvania, etc. Philadelphia: Blanchard & Lea. 1852. pp. 784.

The works on surgery have multiplied so rapidly of late, that it is difficult for any one, except the professed surgeon, to determine which is preferable; and even he who is fully "posted" in the department will, we apprehend, find it no easy task to indicate the best one. There is Liston, Ferguson, Druitt, Miller, Bransby Cooper, and now Pirrie. The work before us we believe fully equal, as a text-book, to any of them. The author is practical, concise, and systematic: and, what is still better, he is entirely familiar with modern science. The work is elegantly and appropriately illustrated with wood-cuts; indeed we have seen nothing superior in any surgical book yet published in our country. We incline to think that Pirrie's surgery will prove more popular than most of the European works re-published in the United States. For sale by Wm. Phillips & Co.

PART III.

FOREIGN SUMMARY.

Treatment of Erysipelas by the Muriated Tincture of Iron. By W. H. Ranking, M. D.

It has always been my opinion that the communications most suitable to the brief reunions which take place at these anniversaries of the several Branches of the Provincial Medical and Surgical Association, are those which are able to convey practical information in few words; for this reason I have selected for your attention a case which has recently come under my notice, and in which a method of treatment not commonly followed has proved eminently successful. I allude to the treatment of erysipelas by the muriated tincture of iron. The case is as follows:—

Charlotte Andrews, aged 23, a fat strumous girl, was admitted into the Norfolk and Norwich Hospital under my care, in April, for engorged and suppurating cervical glands, which were treated by generous diet, cod-liver oil, free lancing, and subsequent dressing with the iodide of lead ointment, an application which I may state in passing, appears to me to be more suitable to scrofulous ulcers than any other with which I am acquainted. Under this treatment her progress was all that could be desired, until the 26th of May, when my attention was called to an erysipelatous redness over the right breast. This quickly extended, and in spite of the assiduous endeavour on the part of our intelligent house-surgeon, to limit its boundaries by the nitrate of silver, it soon invaded the head and face, inducing those serious symptoms which are observed in these cases. As soon as the disease fully declared itself, no time was lost, as is my invariable custom, in sustaining the powers of the patient by wine, beef-tea, and ammonia, the local application being flour.

On the 28th, the disease had continued to extend, and as the patient was losing strength the ammonia was replaced by quinine.

On the 29th, the report is that the erysipelas had occupied the entire head and face, and was creeping down the back. The patient was delirious, with dry tongue and feeble pulse of 130.

On the 30th she was still worse, the tongue was more dry and dark, and diarrhœa was added to the other unfavourable symptoms. Wine was given in increasing quantities, so that she took more than a bottle in the twenty-four hours.

June 1st.—She was still more depressed; pulse 140, fluttering; the face livid, and she appeared to be fast sinking. At this time I determined to administer the muriated tincture of iron as recommended by Mr. Bell, of Edinburgh, and did so, as will be seen, with the best results. The dose was forty minims, in water, every three hours. In the evening, after three doses, the pulse was still 140, but had more resistance to the finger, and she was left for the night, with orders to continue the medicine and wine.

On the 2nd there was a most marvellous change for the better. The tongue, which the day before was dry and dark, was now moist and cleaner, the pulse had sunk to 120, and the patient was able to raise herself in bed. The face was desquamating and her only complaint was urgent thirst, which was gratified with water *ad libitum*.

3rd.—I continued the iron in doses of thirty-six drops. The improvement was still more manifest; the face had become more natural in appearance, and she was pronounced out of danger. From this time her recovery was uninterrupted.

Knowing how difficult it is to establish a medical *fact*, I am prepared to find that some of my hearers may dispute the agency of the iron in this girl's recovery. On this point I would only say, that prior to her taking that medicine she lost ground hourly, in spite of the freest exhibition of wine, ammonia, and quinine; and that after three or four doses a perceptible advantage had been gained, which advantage was rendered indisputable on the next day by the improved condition of the pulse and tongue, and the rapid subsidence of the cutaneous engorgement.

I take no credit to myself for this mode of treating erysipelas, but most willingly record my obligation to Mr. Bell of Edinburgh, who published a paper on the subject in the

Monthly Journal of Medical Sciences for June, 1851. That gentleman's testimony as to the value of this treatment is most strong; he says that in every instance in his practice it has been successful. His brother, Dr. Charles Bell, is equally impressed in its favour; and he states that it not only removes the disease in a short time, but also renders the patient less susceptible of returns of the disease. In pursuing the chalybeate treatment of erysipelas, Mr. Bell regards it as important to bring the system rapidly under its influence, and acting on this conviction, I gave in the case above related even larger doses than Mr. Bell had sanctioned.

Although the case I have related was an instance of idiopathic erysipelas, the treatment is said to be equally beneficial in the traumatic form, and in infantile erysipelas. Of the latter, Mr. Bell details some remarkably interesting cases. *Prov. Med. & Surg. Jour.*

2.—*A memoir on the Pathology and Treatment of Leucorrhœa, based upon the Microscopal Anatomy of the os and cervix uteri.* By W. Tyler Smith, M. D., Physician Accoucher to St. Mary's Hospital.

The author first directed attention to the minute anatomy of the os and cervix uteri; and here, at the outset, he was desirous of expressing his warmest thanks and obligations to Dr. Arthur Hassall for his valuable assistance in the microscopical part of the investigation, without which he could not successfully have prosecuted his researches. The mucus membrane of the os and cervix uteri, and like the mucous membrane of other parts, consisted of epithelium, primary or basement membrane, and fibrous tissue, blood-vessels, and nerves. But as there were some special characteristics pertaining to this tissue, he proposed for the convenience of description, to examine, first, the mucons membrane of the os uteri and external portion of the cervix; and, secondly, the mucous lining of the cervical cavity or canal. The epithelial layer of the former of these situations was tasselated or squamous, and so arranged as to form a membrane of some thickness: by masceration, it could be easily detatched, and it was then found closely to resemble the epithelial covering of the vagina, with which it was continuous. Beneath this epithelial layer was the basement membrane, covering numerous villi or papillæ, which studded the whole surface. Each villus contained a looped blood-vessel, which

passing to the end of the villus, returned to its base, and inosculated with other blood-vessels of the contiguous villi. These villi had been mistaken for mucous follicles, usually described as covering the surface of the os uteri; but the microscope failed to discover any distinct follicular structure in this situation. When a thin section of the surface of the os uteri was examined by a low power, the points of the villi could be seen as dark spots through the epithelial layer. A careful examination exhibited these spots as slightly depressed in the centre, yet nevertheless slightly elevated in their margins, nipple-shaped, and containing red points, which were the terminations of the looped blood-vessels. These appearances were produced by the villi being obscured by their epithelial covering. This thick layer of scaly epithelium, and the villi with their looped vessels, were the principal anatomical features of the mucous membrane of the os and external part of the cervix uteri; and these structures played an important part in the pathological changes which occurred in the lower segment of the uterus in leucorrhœa. Between the margin of the lips of the os uteri and the commencement of the penniform rugæ, within the precincts of the cervical canal, a small tract of smooth surface was usually found, which to the naked eye seemed of more delicate structure than the neighboring parts, and when examined by the microscope was found to be composed of cylinder epithelium, arranged after the manner of the epithelium covering the villi of the intestinal canal. The cylinder epithelium covered in this situation villi two or three times larger than the villi upon the surface of the os uteri,—so large, indeed, as to be visible to the naked eye when viewed by transmitted light. Within the cavity of the cervix uteri, the mucous membrane contained four columns of rugæ, or folds, arranged in an oblique, curved, or transverse direction; and between these columns were four longitudinal grooves. The two sulci in the median line, anteriorly and posteriorly, were the most distinct; and of these, the sulcus of the posterior columns was the most strongly marked. In the normal state, the trnsverse rugæ, with the fossæ between them, were filled with viscid, semi-transparent mucus; and when this was brushed away, a reticulated appearance, caused by numerous secondary rugæ, was visible. The author gave a very minute description of these four rugous columns, and the furrows between them which was illustrated by some very beautiful drawings of the cervical canal, displaying the rugous columns and fossæ of the

natural size, and magnified nine and eighteen diameters. The latter power showed a large number of mucous fossæ, and follicles, crowding the depressions between the rugæ, and the rugous elevation also. The author mentioned that a healthy virgin cervix, of normal size, contained at least ten thousand mucous follicles. This anatomical arrangement secured a vast extent of superficial surface, which was still further increased by the presence of villi similar to those found in the lower part of the cervix; they were found in considerable numbers on the large rugæ and other parts of the mucous membrane in this situation. By this disposal of the mucous membrane of the canal of the cervix, a very large extent of glandular surface was obtained for the purposes of secretion. In effect, the cervix was an open gland; and, in the opinion of the author, it was in this part of the utero-vaginal tract that the principal seat of leucorrhœa would be found to exist. There was an analogy here which should not be lost sight of, bearing, as it did, on the pathology and treatment of leucorrhœa, which was, the great similarity which existed between the skin and the mucous membrane of the vagina and the external part of the os and cervix uteri. The resemblance, in these situations, was certainly much nearer to the cutaneous structure than to the mucous membrane of more internal parts. These analogies were strongly confirmed by what was observed of the pathological conditions to which these parts were liable, and by the effect of therapeutical applications. The author dwelt on the fact, that the epithelium of the os uteri and external portion of the cerxix was constantly squamous, and that the epithelium immediately within the os uteri was cylindrical but not ciliated, but that in the rugous portion of the cervical canal the cylindrical epithelium became ciliated. The mucus secreted by the glandular portion of the cervix was alkaline, viscid, and transparent; it adhered to the crypts and rugæ, so as to fill the canal of the cervix. It consisted chiefly of mucus-corpuscles, oil-globules, and occasionally dentated epithelium, all entangled in a thick, tenacious plasma. It was remarkable for its tenacity; while the mucous found in the lowest part of the canal was thinner in appearance. There was an essential chemical difference between the vaginal mucus and the secretion of the interior of the canal of the cervix; the first was always acid, and the latter invariably alkaline. Mr. Whitehead of Manchester, had noticed this fact, and the observations of the author confirmed his views. The acid of the vaginal secretion

was more than sufficient to neutralize the alkaline secretion of the cervix, and when any secretion from the cervical canal entered the vagina, it became curdled from the coagulation of its albumen. It is worthy of note, that that part of the mucous membrane of the uterus and vagina which resembled the skin was the only part which, like the skin, furnished an acid secretion. The vaginal mucus was a simple lubricatory fluid; but the uterine cervical mucus had other uses besides that of lubrication; in the healthy condition, in the intervals of the catamenia, it blocked up the passage from the vagina to the fundus: it thus defended the cavity of the uterus from external agencies, and from its alkaline character afforded a suitable medium for the passage of spermatozoa into the uterus. Having stated his views of the structure of the utero-vaginal mucous membrane, the author expressed his opinion that the glandular portion of the cervix uteri was the chief source of the discharge in leucorrhœa. Leucorrhœa, in its most simple and uncomplicated form, was the result of an increased activity of the glandular portion of the cervix. A follicular organ, which should only take an active condition at certain intervals, became constantly engaged in secretion. Instead of the discharge of the plug of mucus at the catamenial period, an incessant discharge was set up. At first the discharge was but an unsual quantity of the elements of the healthy mucus of the cervix. The quantity increases, and becomes a serious drain to the constitution, and the glandular cervix in some cases becomes so excitable, that any unusual stimulus, even mental emotions, provokes an augmentation. The author next referred to the conditions under which the epithelium of the os and external part of the cervix uteri and upper portion of the vagina might be partially or entirely removed. The mucous membrane then presented an intensely red color, from the presence of the naked villi, and an appearance of roughness or excoriation presented itself. He thought that among the causes which produced this aspect of ulceration were eruptive disorders, similar to herpes or eczema, which strongly marked the analogy between this tract of mucous surface and the skin. He had observed cases in which an occasional herpetic eruption upon the os uteri always produced herpes præputialis in the husband. But the most frequent cause of denudation arose from the alkaline mucous discharge of the cervix irritating the acid surface of the os uteri, and causing the rapid shedding of the epithelium round the margin of the os. A microscopal examination was given

of the various discharges met with in these affections, in making which the author was assisted by Dr. Handfield Jones and Dr. Hassall. In cervical leucorrhœa, the discharge consisted of quantities of mucus-corpuscles, and, in severe cases, pus-corpuscles and blood-disks, with fatty matter involved in a transparent plasma. The epithelial *debris* is constantly present, but in limited quantity. In vaginal leucorrhœa, including the secretions of the external portion of the os and cervix uteri, the plasma is opaque, and contains myriads of epithelial particles in all stages of development, with pus and blood globules when the villi are affected. When a circumscribed ulcer is visible upon the os uteri to the naked eye, after death, such as occurs in eruptive affections of the os and cervix, and is examined by the microscope with a low power, it is found to consist of a base from which the villi are entirely removed, or in which only the scattered *debris* of villi remain; and, surrounding this base, there is a fringe of enlarged villi, partially or entirely denuded of epithelium. The character of the so-called ulceration of the os uteri was detailed, and the nature of the discharges described. The author then observed, that, if any division of leucorrhœa were made, two principal forms must be recognized—

I. The *mucous* variety, secreted by the follicular canal of the cervix.

II. The *epithelial* variety, in which the discharge was vaginal. With respect to the so-called ulcerations of the os and cervix, two kinds of morbid change would be observed—

1. *Epithelial abrasion*, by far the most common, in which the epithelium alone was deficient.

2. *Villous abrasion*, *erosion*, or *ulceration*, in which the villi are affected by superficial ulceration.

It was to the villi, denuded of epithelium and partly eroded, that the marked forms of granular os uteri were owing. The ovules of Naboth, often referred to by writers as obstructed follicles, the author had found to be in reality an eruptive disease of the mucous membrane analagous to a cutaneous affection. In these affections of the cervix uteri, it frequently happened that the cervix uteri was partially everted and the deep-red surface covered by vascular villi thus exposed, had freqnently been mistaken for breach of continuity in the mucus surface. The author then offered some remarks on the practical deductions which might be drawn from the present investigation. The glandular structure of the parts whence the leucorrhœal discharge arose pointed to the influ

ence of constitutional causes, and exemplified why this affection should be so common in women of strumous habit and leuco-phlegmatic temperament: it vindicated the importance of constitutional treatment, and directed attention to the more rational employment of topical remedies; and it was evident that the profuse applications of caustics, as recommended by the French school of uterine pathology, was both unnecessary and unscientific. He admitted that leucorrhœa of the cervical canal was sometimes cured by the use of caustics to the os uteri; but in these cases they acted as counter-irritants to the glandular structure. The indications of treatment, based on a knowledge of the minute anatomy of the os and cervix uteri, and the study of its pathology in leucorrhœa, appeared to the author to require constitutional medicines and regimen, with local applications. Local measures, to be of any use in cervical leucorrhœa, should be applied, not to the vagina, nor to the os uteri, but to the canal of the cervix. In vaginal or epithelial leucorrhœa, common injections were serviceable; but in cervical or mucous leucorrhœa no benefit could result, unless the injection passed into the cervix. He mentioned the methods he adopted to secure this result, and concluded by expressing a hope that the prosecution of these researches might prove serviceable, by rendering a troublesome class of maladies more intelligible than they had hitherto been, and by tending to correct errors of practice, and to indicate the just value of constitutional and topical remedies. —*London Medical Times and Gazette.*

3.—*Chlorate of Potass in Croup.*

E. B. aged one year and three months; croup and bronchitis. After treating him with blisters, salines, and ipecacuanha, which relieved the urgent symptoms, I found him very much reduced, and the circulation very languid, the blood not properly supplied with oxygen. I then remembered having attended a case of pneumonia in an infant (in consultation), when the chlorate of potash was exhibited with a favorable result. I therefore tried it in this case, and with the same happy end.

J. P. three years; croup. This child was leeched and treated with calomel, salines, and ipecacuanha. After these remedies, the chlorate of potash was employed, and the

change in his breathing, and the hue of his countenance, was most marked after the first dose. In neither case did the quantity used exceed a drachm and a half altogether.

I am aware, Dr. Pereira states that this salt is found unaltered in the urine of those patients who have taken it, therefore no oxygen is given to the system; but I think a portion of it, at all events, must be decomposed, otherwise how is the alteration in the appearance, from the dusky leaden color to the rosy, healthy tint noticed in these cases to be accounted for?—*Ibid.*

4.—*Remarks on the Treatment of the Suppurative Stage of Burns by Unguentum Gallæ.*

The large ulcers remaining after very severe, and more particularly, extensive burns, frequently prove tiresome and difficult to heal; but I think they are often more so than they need be from the application of unguents, &c., not calculated to work a *speedy* cure, as the more rapid the cures the less likelihood is there of there remaining unsightly and hideous cicatrices, and other malformations witnessed occasionally after these accidents. I have seen very many of these cases of severe burns in colliery practice, produced by the explosion of gases in coal mines, and every practitioner acquainted with like cases knows how extensive they sometimes and most frequently are, and ulcers are not uncommonly resulting of even square feet in size, and I have seen the whole surface of the back completely denuded, and a large suppurating surface remaining; and I have seen it heal without the least cicatrix whatever by the remedy I wish to draw your attention to. I put no faith whatever in the application of unguents containing preparations of chalk, zinc, magnesia, calamine, &c. I think the principle of their application wrong. The best remedy after the suppurative stage is thoroughly established, is an ointment made of Pulvis Gallæ, dr. j.; adips, oz. j. With this the formation of new skin takes place rapidly, and ulcers of very large size I have seen quite healed in a few days. I am not prepared to explain in what way this application succeeds so well, but I mention the fact, that others may adopt it, and I am quite sure it will never be laid aside for another remedy at the particular juncture for which it is recommended. No doubt it has a chemical action upon

the secretion of the granulations, which leads to so speedy a formation of new skin. I have also used tannin and gallic acid, with similar results; but as a general rule I prefer the gall ointment alluded to above. Particular care should be taken in not using powdered galls that look full of black specks. That, I think, is adulterated with pepper, as it proves too stimulating; but if pure, it is cooling and agreeable, and in every case, (and I have seen it applied in hundreds), I have realized a happy result.—*Provincial Medical and Surgical Journal.*

6.—*On the Treatment of Facial Neuralgia.*

M. Cazenave informs us (*Revue Medico-Chirurcale*), that he has had marked success in removing the pains of hemicrania and facial neuralgia by means of the following pomade:—

Pure chloroform, dr. iv.
Cyanide of potassium, dr. iijss.
Axunge, oz. iij.
Wax sufficient to give consistence.

M. Cazenave professes to have tried the cyanide of potassium alone, without any benefit, and therefore concludes that it is this particular combination which is so valuable. The mode of using it is to rub ointment, the size of a pigeon's egg, into the scalp, and after which the head is to be covered with an oiled-silk cap. The inunction is to be repeated according to circumstances. In facial neuralgia it is rubbed in over the affected nerve.—*Ibid.*

5.—*Treatment of Albugo by Galvanism.*

Having seen in some journal that in Russia and Sweden albugo in the horse had been removed by the aid of galvanism, M. Turck adopted the method in the human subject with the effect, he assures us, of greatly diminishing the opacity of the cornea. The case was that of a young girl, aged 13, who had been the subject of a scrofulous keratitis, which left albugo of each cornea. That on the left side was not central, so that the child was able to see imperfectly; on the other eye it was so universal as to render her perfectly blind. She

was considered incurable and had abandoned all treatment, when she came under the author's care for another affection, and he then determined to experiment with the galvanic battery.

He, accordingly, having set in action a battery of appropriate power, placed the zinc probe in the mouth, while with the copper or negative pole he lightly touched the cornea. The immediate effects were vertigo, nausea, and violent arterial pulsations, but these were soon subdued by a counter application of electricity to the lower extremities. The treatment was preserved in for forty days, with the result of considerably diminishing the opacity in both eyes, so that she was able to read with that eye which had been blind for more than ten yeas, while the other, though not cured, was so far benefitted that the patient was able to follow her occupation of sewing.

M. Turck farther says, that he has seen albugo in the horse removed in this way *in two minutes.—Ibid.*

PART IV.

AMERICAN SUMMARY.

1.—*Report of the Committee on Preliminary Education.* Read before the State Medical Society, June 1, 1852.

The committee to whom was confided the duty "of organizing a Board of Examiners" for students about to enter upon the study of medicine, &c., touching their mental qualifications and preliminary education, beg leave to report: That, in discharge of the duty assigned them, they have felt the full force of the many difficulties which present themselves, in the practical and successful arrangement of a plan which shall be adequate to the accomplishment of the important end designed, viz: The elevation of the standard of medical education.

Yet many as are the obstacles to be overcome, we are not without hope, that most, if not all of them, may be remedied by the *united influence* and co-operation of the profession.

That a high standard of education is essential to the success, and elevated moral standing, in all the learned professions, is a truth, so fully felt and acknowledged, that we feel it would be a waste of your time, were we to attempt any discussion of the subject before this intelligent assembly. Certainly, of *none*, it is more *true* and *important*, than of the medical profession. No one needs more than the physician, the highest endowments both natural and acquired. No one needs a more thorough mental discipline, more varied or available information.

If commanding powers of intellect, the wealth of learning, or the fascinations of eloquence, become the orator, or jurist, or statesman, or divine; is it less important to the physician, who is intrusted with the health and lives of community? Let him, then, assiduously cultivate his mind, invigorate and enlarge it by habitual and manly use, and enrich it with the treasures of all appropriate learning.

That medicine is a responsible profession, may be seen by observing the relations which it sustains to society. All gradations in society are alike dependent on us, and must sooner or later require our assistance. The philosopher and the divine, the statesman and the citizen, are all amenable to disease—are all inheritors of that sin which "brought death into the world, and all our woe;" and whether the couch of the dying be of either down or of straw and rags, the dark and rugged path-way to the tomb must be rendered smooth by the hand of the physician.

Thus charged with the health and lives of our patients, it is a duty we owe to ourselves, to the honor and welfare of the profession; to the society at large; to guard the portals which lead to the temple of medicine, and see that none are permitted to enter, who have not *strong natural capabilities*, coupled with a *sound preliminary education*.

Medicine is one of the most responsible professions on earth. It, therefore, should be learned, honorable, elevated and dignified. To make it such in Ohio, should be the great object of this society. It is a lamentable truth, that the medical profession is fast being over-stocked—not with men of high mental and moral culture, but with a class of men assuming the name of *doctors*, totally unqualified for the solemn duties of the profession.

Talk as we may of empiricism among the steamers, eclectics, hydropathists, homœopathists, *et id genus omne*, but the fact cannot be concealed, that a large amount of quackery exists among those who profess to be the followers of a Mott, a Dunglison, a Chapman, a Pancoast—and in the West, a Drake, a Dudley, a Mussey; and we might name hundreds of others, who have not only immortalized their names by their splendid acquisitions in medical literature, and profound knowledge of medical science, but have shed a *halo* of glory around the country which gave them birth.

In the consideration of our subject, there is a fact, however, to which we would direct your most serious attention. You have all, no doubt, observed that a species of *mania* is prevailing in the profession to *manufacture doctors*. If we cast our eyes over the various catalogues of the medical schools of the United States, we find a list of between two and three thousand annually in attendance—a large portion of whom "according to the testimony of Prof. Drake are destitute of a knowledge of the elements of a common English education. If not a majority, a large number of these stu-

dents, after having attended a course of lectures—many of them not having read eighteen months under the direction of a competent preceptor—start out in life, and advertise themselves "*doctors;*" and, as an essential preliminary, to bring themselves into notice, the two or three students, whom they have induced to read medicine, to secure the patronage and influence of their friends, without any regard to their mental or moral qnalifications.

We would not magnify the evils of our present system of medical education—but feel assured we utter the language of stern and startling truth.

More than twenty years ago, Prof. Drake declared that he could not be mistaken in asserting that a large portion of the profession in America were deficient in common school learning!

"I am constrained to say," wrote the learned professor, "that the profession abounds in students and practitioners who are radically defective in spelling, grammar, etymology, geography, arithmetic and book-keeping. Were this confined to irregular members of the faculty, it would be an affair of little magnitude; but extending to many of the graduates in all our Universities, it calls for unreserved exposure, and unqualified reprehension."

Although these remarks were made many years ago, when the facilities for acquiring an education were far less than at the present time—and while we are proud to know that medical science has made rapid and important advances since that time, yet we cannot forbear to declare our solemn conviction, that to a very great extent, they are as applicable to the profession *now*, as they were *then*. And we feel assured that to this cause, more than any other, has regular medicine lost its once elevated and legitimate position, as well as its just claims to public confidence. It is from ignorance and quackery *in our own ranks*, more than from all other sources, that we have suffered.

And how shall these things be remedied? The work would seem properly to belong to the people. They are most interested, because *they* are the sufferers. But in many instances they are unable to decide between the claims of regular medicine and the sheerest quackery of the day, and often the whole profession is measured, in the public estimation, by the blunders and ignorance of some charlatan sailing under other colors.

In vain will the profession look to the *people* for protection!

We have the power, and it is our duty to arrest the progress of this wide spread and increasing evil. Or the practice of physic will be given up to a set of rapacious knaves and blockheads, whose highest and most fond desire is *wealth?*

The remedy we propose is efficient, and at the same time, simple and practicable: *No young man should be permitted to engage in the study of medicine, who has not strong natural endowments, and a good English education.*

These are two grand pre-requisites which should ever be insisted on by private preceptors. They are essential and inseparable. Natural capabilities, unaccompanied with a respectable education, are insufficient, to master the elaborate and abstruse science of medicine, and *vice versa.*

Neither medical schools nor *legislative enactments*, or national conventions, can accomplish any thing towards salutary reform, in this particular, unassisted by the hearty co-operation of the private perceptor. Here is the starting point; with them must commence the *preventive system* which will exclude from our ranks incompetent men, and prevent their entering the profession.

To accomplish this desirable object, we would recommend the appointment of a "board of examiners" in accordance with the spirit and objects of the resolutions offered by the chairman of your committee, and passed at the last meeting of this society, which resolutions we beg leave to make a part of our report, viz:

"*Resolved*, That a committee of three be appointed to nominate and report to this society at their next meeting, "a board of examiners consisting of five members, whose duty it shall be to examine all applicants who may wish to commence the study of medicine and surgery, touching their qualifications and preliminary education, and grant to such applicant, if found qualified, a certificate of his qualifications."

Resolved, That it shall be the duty of said board, to satisfy themselves that the applicant possesse ssufficient energy of mind—is of good moral character, and has acquired a good English education, embracing a knowledge of natural philosophy, and the elementary mathematical sciences, including algebra and geometry.

Resolved, That no member of this society shall hereafter receive into his office any person as a student of medicine, &c. without a certificate from the board of examiners, stating that he has been examined and found qualified to commence the

study of medicine, as herein provided for. Or on the presentation of a diploma from some literary college."

In adopting this standard of primary studies for students, we have aimed to conform to the recommendation of the American Medical Association on this subject—which, we feel assured, has been governed by the most liberal spirit to the student, at all compatible with his interest and standing in the profession, and the successful prosecution of his studies—or consistent with the honor and welfare of the profession and the public good.

We would not, therefore, be understood as limiting the student in his course of preparatory studies, to this standard, or as undertaking a liberal and classical education. But where it is possible, would urge upon every young man who intends to pursue the study and practice of medicine, to obtain, first, his degree of "Batchelor of Arts" in some reputable college. His diploma would furnish evidence of qualifications, and may be received as a voucher, equivalent to a certificate from the board of examiners.

To carry into effects the objects of the foregoing resolutions, we have corresponded with a number of gentlemen in different sections of the State, and are happy to be able to present the names of the following gentlemen, of high literary attainments, eminently qualified for the duties assigned them, who have expressed their willingness to serve as a "board of examiners" for the State Medical Society, and in this way contribute to the advancement of general science, and particularly the elevation of medical science.

We would, therefore, nominate the following persons as said "board of examiners," viz:

Cincinnati.—William Green, Esq., Prof. Joseph Ray, M. D., Charles C. Matthews.

Dayton.—Robert W. Steel, C. Valandingham.

Springfield.—Prof. H. Geiger.

Mansfield.—Hon. Mordecai Bartley, Prof. Isaac J. Allen, M. D.

Columbus.—Asa D. Lord, M. D.

Chillicothe.—Rev. Samuel Findley.

Cleveland.—George Hoadley, Esq., William Slade, Jr. William C. Beattie.

Stuebenville.—Benj. Tappan, M. D., R. S. Moody, Esq., Chas. C. Beatie, Esq.,

Marietta.—J. D. Cotton, M. D., Hugh Trevor, M. D.

In this arrangement of the board, we have deemed it best

to increase the number to *twenty*, and locate them at a number of prominent points in the state. In doing so, we have been governed by a desire to render some one of the members acceptable to every student in the state, within the distance of a day's travel, and also to divide labor so as not to make it burdensome on the members of the board.

We would make it the duty of each one of the board to keep a record of the *time*, *name* and *result*, of every student examined and passed, and report the same to the secretary of the state society, annually, a month preceding the meeting of the Society; in which report it would be well to distinguish the standing of each, by the terms *qualified*, *well qualified*, and *very well qualified*, as it will act as an incentive to applicants, to make higher attainments in their preliminary studies. These reports should be filed and preserved by the secretary—which will, in time, form an important item of statistics in the history and medical literature of Ohio.

By the third resolution it is made absolute and binding on the members of the state society, to receive no student into their office hereafter, until he shall have passed an examination before the "board" and obtained a certificate of qualifications. Here our power or authority ceases. We would, however, most earnestly *recommend* to every regular physician in the state, who loves his profession and desires to advance its interests, by elevating the standard of preliminary education, to conform to the spirit and letter of the resolutions; whether he be a member of the state society or not.

If the state medical society will take this stand in favor of a uniform and higher standard of primary education we feel assured that every-high minded honorable preceptor in the state will gladly conform to the requisition. It will free them from the unpleasant task and responsibility of refusing to take young men into their offices, whom they know to be deficient in mental capabilities or primary education—a position which few have the moral courage to meet, especially if the applicant is a young man backed by a large and numerous circle of friends and relatives of wealth and influence, the patrons of the preceptor. A case as we are confident, by no means uncommon. By adopting this plan of requiring a certificate of qualifications from a "board of examiners," we shift the responsibility, and secure a uniform and higher order of primary qualification in the student.

Another very important result, it is believed, will follow the organization of such a board of examiners. It will fur-

nish a better class of students for our medical schools, and lay the foundation on which we may ask and expect their co-operation, by requiring a higher standard of qualification in the candidate for the doctorate.

We would therefore *recommend* to the medical schools in Ohio, to demand of all candidates for graduation; first, a certificate from the preceptor, of his good medical reading, stating the length of time he has read medicine. Second, that he shall also furnish a diploma from some respectable literary institution, or, in the absence of such testimonial, he must furnish a certificate from some one of the board of medical examiners, of his qualifications to enter upon the study of medicine, as provided for in the foregoing resolutions.

In this connection there is another point to which we would call the attention of the private preceptor, which we deem of vital importance. It is the regular daily or semi-weekly examination of their pupils, upon the various branches of their course of studies. We know that this a matter too much neglected. No preceptor discharges his duty to his pupil—to the professors in the schools, or to the public, who fails to discharge this duty; and yet how few perform it as it should be! Were our students regularly examined in this way, they would be more familiar with the subjects of their studies, and be much better qualified for the quiz class. It would overcome that embarrassment which often prevents him from telling what he does know, and it would correct many erroneous opinions which he may have embraced, and save him the mortification of having them exposed and corrected before a public class.

If we view this subject in the spirit of an enlightened philosophy, we cannot but see how great are the responsibilities of the physician. It is his mission to mitigate human suffering and woe—to rekindle the lamp of life about to be extinguished—to throw the sunlight of joy and peace around the social circle—to restore to the domestic fireside the music of love, and hope and happiness—and is it not a glorious mission?

Then, let each member of this society labor to elevate the character and standing of our profession, and endeavor, by every honorable means to advance its interests and its dignity.

Whilst other departments in the arts and sciences are marching forward, with gigantic strides, to fame and usefulness, we owe it to ourselves and to society, to exert all our energies to redeem the profession from the degradation to which *quackery* and *neglected education* have reduced it, and to raise it to the high and honorable position to which it is justly entitled.

When we do this, and not till then, will we see regular medicine triumph over ignorance and prejudice, and quackery, in all its hydra-headed forms. Then we will see our medical colleges thronged by students of a higher order of talents and literary attainments.

All of which is respectfully submitted.

P. J. BUCKNER, M. D. *Chairman.*

The committee to whom was re-committed the report on "the preliminary studies of students about entering on the study of medicine," beg leave further to report: "That we have most cheerfully complied with the instructions of the society so far as we have been able, or have been furnished with the means or data to carry into effect the instructions of this honorable body, in the following particulars, viz:

1st. We concur in the suggestion of adding two members from each auxiliary society, and two from each county where there are no auxiliary societies, throughout the state. But for want of a knowledge of proper persons to supply the list, must necessarily return the report incomplete; but beg leave to suggest that leave be granted, either to the chairman of your committee, or to the secretary of this society, to complete the board as above indicated, as soon as practicable after the adoption of the report, should that be the final action of this body.

2d. We would further recommend that the following gentlemen be added to the board of examiners, viz:

Shelby County.—Mr R. Wyman, and Rev. Mr. Spence.

Butler Co.—Isaiah Scott, Esq., Prof. Anderson of Oxford.

Summit Co.—James Carpenter, Esq. L. V. Bierce, Esq.

Preble Co.—W. J. Gilmore, Esq., and Felix Marsh, Esq.

Knox County.—Hon. R. C. Hurd, W. J. Smith, Esq.

Licking Cuonty.—Prof. Carter, of Granville College, S. D. King, Newark.

Athens County.—Prof. A. Ryors, of Ohio University.

Columbiana County.—Dr. B. Stanton, Salem.

Lorain Co.—Prof. James Dascomb, M. D., Hon. P. Bliss.

In reference to the amendment of the report offered by Professor Edwards, and the amendment to the amendment, offered by Professor Baker, we beg leave to report, that we have given all the reflection which the short time allowed us would permit, and with due regard to the high sources whence they emanate, have not been able to see that any advantage would be gained by their adoption, but beg leave respectfully

to say, that after having weighed well the arguments in support of these, we believe their adoption would lesson, if not render nugatory, the objects of the report. And beg leave to report it back to the society, with alterations and additions, as above specified.

All of which is respectfully submitted.

P. J. BUCKNER.

[NOTE.—We ask of some regular Physician, who feels an interest in this matter, to procure the consent of *two* literary gentlemen who may be willing to serve on this "Board of Examiners" and forward their names to the chairman of the publishing committtee, W. W. Rickey, of Cleveland, from all the counties of the state, not provided for in the above report, that the board may be full before the proceedings of the society are published. We hope they will be careful to select men true to scientific medicine.]—*Ohio Medical and Surgical Journal.*

2.—*Boletus Laricis, or White Agaric as a cathartic.*—By WM. M. MCPHEETERS, M. D.

By the kindness of Dr. John Barnes, of this city, I was furhished with a portion of a very fine specimen of boletus laricis, brought from the Rocky mountains, for the purpose of testing its virtues.

The subjects to whom it was administered, were all inmates of the female ward of the St. Louis Hospital, and it was given in powders of *twenty-five* grains each. The following are the results:

June 7th. Woman twenty-five years old, of robust constitution, recently confined, bowels not open for five days—took one of the powders. In three or four hours after its administration, her bowels were moved three times copiously, and with slight pain—stools moderately consistent.

On the same date, woman forty years old, laboring under inflammation and ulceration of the cornea, subject to obstinate constipation and increased by the use of opiates; took one of the powders, and five hours afterwards, no effect having been produced, took another. Four hours after the last powder was taken, her bowels were operated once freely, without pain.

Also on the same date, a patient laboring under phthisis,

and subject to habitual and obstinate constipation, took one of the powders. In ten hours after, her bowels were once moved freely, with some griping pain and slight vomiting.

June 8th. Young athletic girl, laboring under intermittent fever and violent constipation—took one of the powders, producing no effect in eight hours another was administered, in an hour after she was operated on three or four times copiously, but without pain.

June 11th. Girl laboring under an acute attack of fever accompanied with constipation—took a powder which operated once, freely and without pain.

In a case of mercurial salivation, in which the bowels had not been moved for six days, the patient took two of the powders on the 10th, and four on the 11th at intervals of three hours, but without the least effect—making in all one hundred and fifty grains in two days. This case was finally relieved by the repeated and free use of senna and salts.

June 12th. Administered a powder each in two cases requiring motion of the bowels, in both of which it acted promptly, efficiently and without unpleasant effects.

My supply of the remedy having failed, I was unable to pursue these observations further. The above cases, while they are not numerous enough to fix the value of the boletus laricis as a cathartic, may yet give us some idea of its certainty and promptness of action, and is sufficient to induce more extended experiments.

As stated elsewhere, it grows abundantly in the rocky mountains—being a fungus on the white pine of that region—and is the cathartic commonly employed by the traders and other inhabitants of the mountains.

From the large proportion of resinous matter which it contains (72 per cent.,) we would naturally infer, that when given in an uncombined state, it would be apt to act harshly and give rise to griping pains, but this does not seem to be the case to any extent—indeed, it is even less so than with most of the gum resins in common use.

It is proper also to remark, that most of the instances in which it was employed, were such as ordinarily resist the action of purgative remedies. The failure in the case mentioned does not detract from the value of the remedy, as such failures occasionally occur with most of the articles of this class.

It is proposed to make it an article of commerce, provided it is found to possess virtues sufficiently decided, to warrant its general introduction into practice.—*St. Louis Med. and Surg. Jour.*

PART V.

EDITORIAL DEPARTMENT.

REMARKS ON A PROPOSED RE-ORGANIZATION OF THE AMERICAN MEDICAL ASSOCIATION.

To the Editors of the Western Lancet:

DEAR SIRS:—Under the head of "Editorial Department," of the August number of the Western Lancet for 1852, I find some judicious remarks of your's, on the subject of a proposed "re-organization of the American Medical Association."

I attended the late meeting of the Association, held in Richmond in May last, where the subject of re-organization was discussed.

Two reports, or propositions, for modifying the representation of the Association were presented for its consideration. One not essentially changing the general features of its organization; while the other was altogether radical in its innovations, and evidently founded on the views of Samuel Jackson, M. D. formerly of Northumberland, which were presented to the Philadelphia county Medical Society, February, 1852.

Dr. Jackson's address, which is now before me, I consider to be an attack upon the originators and founders of the "American Medical Association:" and as I have been somewhat identified in the organization of an Association of medical men in the United States, that has been thus far instrumental in accomplishing great good to our country at large, I feel as though the original friends of the institution would justify me in defending the plan and principles upon which it was organized.

I have never had the pleasure of making the acquaintance of Dr. Jackson, and can therefore entertain no prejudice or ill will towards him. Indeed, I do not know as a defence of the Associa-

tion from the attack of Dr. J. would be called for, or deemed expedient, had not the suggestions of his address been made the basis of one of the reports for re-organization.

Dr. Jackson says "the American Medical Association is not a republican institution; it is aristocratical both in its *origin* and its *continuance.*"

Perhaps there are other members of the Association beside Dr. J. who are not quite "posted up" on the subject of its origin.

In few words as possible, I will state its origin, and then leave it for the Dr. and other members of the Association to decide whether it was, or was not "aristocratical in its origin."

At the session of the New York State Medical Society, held in Albany, on the first Tuesday of February, 1845. Dr. N. S. Davis, then a resident of our state, and a member of the society, advocated the policy of elevating the standard of requirements for the degree of doctor in medicine, among the colleges of the state, and of separating the power of licensing from the business of teaching. He proposed to confine this measure of reform to the medical institutions of our state; and for that purpose suggested that there should be concert of action among the several medical colleges of the state. In the abstract, I acceded to the proposed measure of reform—but gave my reasons why it should not be limited to the state of New York—and at the same time proposed that a Convention of physicians, from all the states of the Union, representing not only the interest of the medical colleges, but also of all regularly organized medical societies, should be held at such time and place, as should be thought best calculated to secure the desired object.

Whereupon, Dr. Davis offered a preamble and resolution, setting forth the importance of the measure, which was adopted; and upon which he issued a circular letter, inviting medical men from all parts of the Union, to attend the proposed convention to be held in New York, on the first Tuesday of May, 1846.

Dr. Jackson also says, "its origin was *anamolous.*" But on the whole, acknowledges "there was perhaps no other way in which a large body of respectable men could be so quickly got together." The Dr. adds, "in all cases of difficulties, dangers, or pressing necessities, that cannot be met or subserved in the regular course of action, some commanding spirits may assume a tem-

porary authority." And by way of illustration, gives the oppressive and intolerant "stamp act," which required the immediate action of the American people; the Assembly of Massachusetts Bay, took measures to have a congress called from all the colonies to meet at New York.

This time honored example of calling together a body of men, to constitute a congress, or convention, has been followed up from that day to this; and I do not see how any one could adduce better testimony than has the Dr. to show that the medical convention called by the Medical Society of the State of New York, was *not anamalous.*"

Our Association is charged with being "aristocratical both in its origin and its continuance." If a collective body is aristocratical, I suppose the same character must necessarily attach to the individuals who compose the body. For the purpose of inquiring and ascertaining how far, and with what propriety the charge of aristocrat can be applied to individuals, I will select the gentletlemen designated, under the following resolution, offered by Dr. N. S. Davis, viz:

"*Resolved*, That a committee of nine be appointed to bring the subject of medical education before the convention in the form of distinct propositions, suitable for discussion and action, and that it report at the next meeting."

"The following gentlemen were appointed: Drs. N. S. Davis, March, Hays, Watson, Brainard, Stearns, Bush, Haxall and Bell." "On motion of Dr. J. R. Wood of New York, the President, Dr. J. Knight of Connecticut, was added."

Dr. Davis who was chairman of the committee, and the "moving spirit" in the great enterprise,—the magnificent scheme, which has resulted in annually bringing together the most learned and distinguished body of medical men that ever before convened in the United States, is as far from being an aristocrat as he is from being an idler in the field of science. Without any disparagement to Dr. Davis' talents, industry, acquirments, and present exalted position in the ranks of the profession, I presume he will pardon me if I state, that he was in the habit of attending the meetings of our state medical society, in apparently the same rustic garb in which he was accostomed to practice and pursue his studies among the hills and valleys of Binghampton. Nor was

his antiquated rustic fur cap laid off, while attending the meeting of the convention in New York, so late in the season as the first week in May. I am sure no one could say, that he looked or acted on that occasion, very much like an aristocrat.

As my name comes next on the list of the committee, I trust I shall be pardoned for giving a brief history of my aristocracy. All the aristocratic blood that runs in my veins, I inherit from the yeomanry of New England, from parents who "earned their bread by the sweat of the brow!" And all I acquired at an early period of life was at the tail end of a plow, in cultivating the rugged soil of New England. It was in this employment that I learned to use the spade. And at rather a late period of life I commenced the study of medicine, and attended lectures in Boston, and if "Potter's Field on the Neck" were permitted to give her testimony to the dexterity and efficiency with which I then used the spade in procuring material for the prosecution of practical anatomy, for myself and comrades, I presume that even Dr. Jackson would not charge me with being an aristocrat. And now, after many years of close application and industry, if I have attained to a respectable standing in the profession, a favorable position in society, and have acquired a competency, I can confidently appeal to those who best know me, and will most cheerfully abide by their decision, to say whether I am any more the *aristocrat* now, than I was forty years ago, when I was the New England farmer boy.

Dr. Hays of Philadelphia, who is next named on this committee, and to whom the Association is indebted for a preamble and a series of resolutions in which he recommends a "National Medical Association," appears to be the very personification of meekness and humility. His report embodying the six resolutions in answer to that of Dr. Davis, shows that he is a thinking and a working man, and when he ventured to say that he had his thoughts prepared for the consideration of the committee, I well remember with what modesty and diffidence they were offered. His appearance, conduct and labors for the good of the Associatipn, year after year, from the first to the present moment, would not justify, in the least degree, the charge of his being an "aristocrat."

Dr. Watson of New York, has been an active and hard working

man, in and out of the Association, served on committees from year to year, and has labored with great zeal to promote the advancement and prosperity of the institution. If he were a purse-proud, haughty aristocrat, or at all aristocratically inclined, would he be very likely to trouble himself about the general interests of the profession.

Dr. Brainard, from Connecticut, I do not happen to know, except no farther than serving on the same committee, made us acquainted. But I am informed that he is a plain good common sense New England physician, and as far from being aristocratical in his character and notions, as any one can well imagine.

Dr. Stearns, of New York, whose name stands next on the list of the committee of nine, I knew personally, and something of his professional career. About forty years ago, he pursued the practice of his profession in Waterford, a small country village ten miles above Albany. While there located, he was elected to the Legislature of this state; and while serving in that capacity, became so well acquainted with the citizens of Albany, as to induce him to remove to this place, for the practice of his profession. And if I mistake not, it was at about this period that he discovered the power, and published his views of the parturient properties of ergot. He spent the last thirty or more years of his life in laborious practice in the city of New York, where, about two years since he literally died in the professional harness. I do not learn that he left great wealth—indeed, I believe he relied in a great degree on his daily toil, for the support of himself and family. He was plain in his personal appearance, affable and courteous,—in short anything but an "aristocrat."

I cannot speak from personal knowledge of the prominent traits of character of Dr. Bush of Delaware. But I take it for granted that he entertained no very exalted notions of aristocracy, or otherwise he would not have consented to have been associated with such a set of plebians as composed the committee of nine.

We all know Dr. Haxall, of Virginia, to be as thorough a worker as any member in the Association, from its earliest organization up to the present time. He is liberal, social, and warm hearted, and not in the least inclined to put on aristocratic airs. Dr. Bell, of Pennsylvania, is known by his works, not only as an active member of the Association, but as an efficient promoter of

medical science, long before the organization of the American Medical Association. I do not know that he possesses great wealth, or claims any of those artificial distinctions to which the term aristocrat, could be with any propriety applied.

And now for the aristocracy of the President, Dr. Knight, of New Haven, who was added to the committee of nine. I am well acquainted with Dr. Knight, and know him to be one of the most social, plain hearted, upright and honest men in the wide world. He an aristocrat! Why, if you were to see him with his old style white cravat, and plain black suit, I venture to say, that you would much more likely take him to be an old fashioned, old school presbyterian clergyman of New England, than a pompous, blustering aristocrat.

So much for the aristocratical character of the originators and organizers of the American Medical Association.

Dr. Jackson reiterates his charge against the Association, at least by implication, in the following half-complimentary and denunciatory language.

"This" (the Association) "has become nearly *functus officio;* it has acted its part well, it has done its duty, and it is now time for it to prepare for dissolution, in order to be re-constructed in a republican form."

The Association aristocratical! not republican! as well, and with as much propriety, might our forefathers, those who shed their blood and periled their lives in achieving the American Independence, have been charged with being monarchists, anarchists, anything but high minded, liberal, republican patriots!

Dr. Jackson complains that the "profession is very unequally represented," and recommends the Association to be composed of delegates from county societies only, which would of course exclude medical colleges, hospitals, lunatic asylums, and other permanently organized institutions of good standing. As the institution is now organized, each county society has the privilege of sending one delegate to every ten of its members; each medical college two; hospitals of an hundred inmates or more, the medical staff may send two delegates; and those of a less number, one. Instead of the above, Dr. Jackson proposes to re-organize the Association upon the following plan, viz:

"1st. Let the Association be composed of delegates from county societies alone."

"2d. Let every man receive, as soon as he is elected into his county society, a diploma, testifying that he is a member of said county society, of the state society, and of the American Medical Association."

"He is then one of the great body of the brethren in the United States; he is ready to be elected a delegate whenever his fellows see fit to elect him." Every member of a county society, as the Association is now organized, is eligible to the office of delegate, "whenever his fellows see fit to elect him," and whether ever made a delegate or not, if he belongs to a county medical society, he is none the less "one of the great body of the brethren in the United States." The Dr. even acknowledges on his republican plan, "he (the member of the county society) may never be made a delegate; time and chance happeneth to all men."

It has been shown, as the Association is now organized, that every county medical society throughout the United States, has the privilege of being liberally represented in this body. But do they avail themselves of their rights? In two of the largest states in the Union, New York and Pennsylvania, I find that at the meeting of the Association in Charleston, May, 1851, out of nearly sixty counties in the state of New York, four only were represented by delegates; and in Pennsylvania, three counties three counties were represented, and all told! And if I am not much mistaken, the number of delegates from county Societies would not very far exceed the above, at the late meeting in Richmond.

Dr. Jackson, and the advocates of his proposed "republican platform," would make every member of a county society, a member of the American Medical Association, without limitation of power or numbers. In such a case, it would not unfrequently happen, that the whole control of the Association would be in the hands of one county society of a single state.

Take for example, New York city, where the next meeting is to be held, where there are from four to six hundred members of the county society, and where they could be brought together at almost a moment's notice, if a few ambitious and designing individuals of the great metropolis desired to carry any specific measure. I would ask, what could the great body of the remaining portion of the Association do to stay the force of an avalanche of such a

local power? Perhaps Dr. Jackson will say that membership does not constitute a man a *delegate* to the American Medical Association. If the terms member and *membership* mean nothing at all, in the estimation of the Dr., then none but delegates are entitled to the rights and privileges of the Association, and I do not see how an individual can be benefited by being called a member of a learned association, without it confers on him some distinction of honor, emolument, or right and privileges.

Suppose the fifty-eight counties of the state of New York, were entitled on an average, to three delegates each, it would give us a delegation of one hundred and seventy-four. I believe the complaint is, that the medical colleges are too strongly represented in the Association, under its present organization; and that they exert a controlling influence in the management of its affairs. In the state of New York there are six medical colleges, which at most, could send but twelve delegates. Now it has been charged that the two college delegates represent only their own and colleagues' interest, a body of six or eight medical men. The idea of seperating the colleges and their interests, from those of the great body of medical men, is preposterous. A mutual and common interest should, and does prevail throughout the length and breadth of the profession, and the dependance of the colleges on the profession, and the profession on the colleges is one, and indissoluble. How is the public, and how are county societies supplied with well and regularly educated men? are they not from the colleges and medical institutions?

For the last five years, the State Medical Society of New York has issued but nine diplomas, and in the county of Albany, with a population of about a hundred thousand, not a single student has taken county license for the last five years. I do not suppose there are half a dozen licentiates a year in our great state; whereas, our medical institutions are graduating more than two hundred annually.

The colleges will claim they represent the interest of the students who patronize them not only, but to a certain extent that of their private preceptors. Exclude these interests if you please, and I would then ask, what proportion does twelve, (the maximum number of college delegates in this state) bear to one hundred and seventy-four, a moderate estimate of the county dele-

gates when fully represented? This year our six colleges were represented by only five delegates. At the late meeting in Richmond, a select committee, to whom the two propositions were referred, reported in favor of reducing the college delegates to one for each institution. To this I acceded as a compromise measure, for the sake of peace and harmony, not on the ground that our original representation was any greater than the character and importance of the institutions demanded.

I fear I have already extended my remarks quite too far, and will close in the frank and honest language of Dr. Jackson, "It (the Association) has acted its part well; it has done its duty."

ALDEN MARCH.

Albany, September, 1852.

MEDICAL COLLEGES.

In a previous number of the journal, we advocated the propriety of medical schools adopting an obligation for their graduates, which shall be taken prior to the degree being conferred. We still think some good may be accomplished in that way, and are pleased to find that the St. Louis University has introduced one into their list of requirements for graduation, and which reads as follows:—

"You, A. B. do solemnly promise, that you will, to the utmost of your ability, exert your influence for promoting the welfare and respectability of the profession; that you will demean yourself honorably in the practice thereof; that you will not put forth any nostrum or secret mode of cure, nor engage in any other species of quackery: and, that you will not publish any matter or thing laudatory of yourself or derogatory to the profession; and in the conferring of this degree, it is done with the express understanding, that the Faculty reserve to themselves the right and privilege to revoke said degree, whenever the promise here made shall be violated."

Here is a form that may do well, but we are in favoring of carrying it a little further, and enjoining adherence to the code of ethics of the American Medical Association in full. This is now the time for the beginning of most of the collegiate courses of our medical schools, and therefore a favorable moment for action upon a proposition of this kind. We hope it may be generally adopted.

TRANSYLVANIA MEDICAL JOURNAL.

We have received the first number of the second volume, new series of the above journal, with a change in the editorial department; the name of L. J. Frazee, M. D. appearing in the place of Dr. E. L Dudley. It is also changed from a semi-monthly to a monthly. We wish Dr. Frazee much success in his new relation, and most cordially extend to him the hand of fraternal fellowship.

THE TRANSACTIONS OF THE ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF GEORGIA, HELD IN THE CITY OF AUGUSTA, APRIL, 1852.

Our space will not permit a detailed notice of the following reports, which are published in the proceedings. On Empirical Remedies, by Robt. Campbell, M. D. Report of the Committee on Surgery, by Henry F. Campbell, M. D. Essay on the diseases of Perry and vicinity. Report on the principal diseases that prevailed in and about Roswell, Cobb county, Georgia, for the years 1850 and '51, by W. Nephew King, M. D., of Roswell, Georgia. Report of twenty-five cases of Urinary Calculus, in twenty-three of which the Bilateral Operation was performed. By Paul F. Eve, M. D. Observation on certain new remedies, by L. A. Dugas, M. D.

We are pleased to see that eur Georgia friends are awake to the advantages of state organizations, as evinced by the proceedings of their state society.

THE TRANSACTIONS OF THE ILLINOIS STATE MEDICAL SOCIETY FOR THE YEAR 1852, AT ITS SECOND ANNUAL MEETING, HELD AT JACKSONVILLE, JUNE, 1852.

The proceedings are characterized by the right kind of spirit in reference to the welfare of the profession: in the "Appendix" we find several valuable papers, among which may be mentioned President Thompson's Valedictory Address; Collodion in Etropienne; A new Instrument for Cauterizing the Uretha; and Remarks on the Treatment of incomplete æchylosis of the knee-joint, &c., by E. S. Cooper, M. D.; Remarks on transforming lacerated and contused, into incised wounds by L. C. Low, M. D.

of Peoria; Report of the Committee on Practical Medicine, by N. S. Davis, M. D.

These are some of the results of the organization of State Medical Societies and which may be said indirectly to grow out of the great central organization, the American Medical Association. We are convinced that much good may be accomplished by these combined professional movements that will yet result in advancing the substantial interests of the profession.

CORRECTION.

In the article on ergot, by Dr. B. F. Richardson, in the August number of this Journal, several errors in punctuation were overlooked in the proof that may be corrected by some attention on the part of the reader.

Also in the article on anæsthesia and hyperasthesia, credited to the Medical Examiner, the name of E. Brown Segnard of Paris, should have been given as the author.

RECOMMENDATION OF NOSTRUMS.

We took occasion in a recent number, to make some comments on the recommendation of nostrums, which were ascribed to eminent medical men, often professors in medical schools; and we remarked at the time that many of them were doubtless spurious. Among others, the Faculty of the Albany Medical College were included among the certifiers; but, as might be anticipated, the certificates were forgeries. In reference to the subject, Professor March, in a letter to the editors, makes the following disclaimer;

"This is the first, and only intimation, that I have ever heard hat the names of the Faculty of the Albany Medical College were ever used for such a purpose; and I now deny 'unqualifiedly' that any man has the permission or the right to use the names of our Faculty in recommending any nostrum or quack medicine whatever."

PHYSICIAN'S CARDS.

We have often been forcibly impressed with the bad taste displayed by medical men, in their published cards. Some proclaim

their skill, others their "long experience," while many rely on "close attention to business" to "secure a liberal share of patronage." All this is very bad taste, and we wish to invite attention to it, and to urge a different course. In a single column of a newspaper (we do not know where printed), we find the following specimens—some of them, however, come from a class of "doctors" who are beneath criticism.

Dr. ———, offers his professional services to the citizens of ———, and vicinity, and hopes, from close attention to business, that he will merit a liberal share of the public patronage.

The Dr. should remember that something more than "close attention to business" is required to *merit* a "liberal share of patronage."

Dr. ———, Of the anti-steam and weed practice, tenders his professional services to the citizens of ———

Doubtless the Doctor has been sorely annoyed by the steam and weed brotherhood, but it could have been more compatible with dignity of his profession to have employed different phraseology.

Dr. ———, of the physo-medical practice, offers his professional services to the citizens of ———, and surrounding country. From his experience in the treatment of the diseases of the west, he hopes to share a full part of the patronage of the public.

Here is a regular quack advertisement, and its gross impropriety should teach respectable physicians to avoid similar errors.

Dr. ———, having permanently located in ———, would respectfully return thanks to his friends for a liberal patronage, and offers his professional services to the public.

There is but little to condemn in the last card: but it would have been in better taste had the Dr. mentioned only his return. The *thanks* could have been readily enough inferred. It looks too much like a *trade*.

Dr. ———, of the physo-medical, or anti-poison practice, offers his professional services to the citizens of ———

Here is another special pleader, whose vulgar example should be a warning to respectable physicians.

Dr. ———, offers his professional services to the citizens of ———

Of the six medical cards found in one column of a newspaper, the last is the only one that is unexceptionable—it is a *model*—a simple announcement, together with the location of his office.

Many physicians publish offensive cards without the most remote intention to imitate quacks, or to do an improper act; but they do not reflect on the bad taste displayed; and it is on this account that we advert to the subject.

QUACK LITERATURE.

It very seldom happens (to the honor of human character be it spoken) that *educated* persons become *quacks*. But on the other hand, very many, if not most of the quacks in medicine are extremely illiterate; and it is gratifying that such is the case, for a prostitution of learning and talent to the base purposes of quackery is painful in the extreme.

We receive many illustrations of the ignorance of *quackdom*, among which the following may be taken as a fair specimen. It appears that the writer had slandered a reputable physician, and being called to an account by a friend of the person, offered the annexed apology. Of couse we suppress the names of the parties.

Mr. ——

Sir i Re'vd your Lines this morning in Relation to some Statements that i made a bout Dr.—— Being a Quack, if i made eny such Statements as that i don't Recolect of it i might of Called His name if i did it was thrue a mistake as as i am not a quainted with him or his Profecional Carrear. i would not say eny thing to ingury eny Person i mite of been speaking a bout *fasitions a Round your country Called some of them quacks, and Likely Caled Dr.—— a quack, but if i did it was not my in tension for so doing as i new nothing of the Gentle Man. i hope there is no insult a pon my Part. As fare as i have been acquanted with you or Dr.—— i think a great eal of you both and was willing at all times to accomodate you or Him to eny arctcle or Books i Had.

I hope there is no Hard felings with you and Dr.—— a gainst me. Your Freend

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The writer of the above article is a practitioner of the quack stripe; and whether he is the "doctor" referred to in the following anecdote or not, we are not certainly informed, but the thing is not impossible:

*Intended for Physicians.

A DOCTOR AS IS A DOCTOR.—A country physician was called upon to visit a young man afflicted with the apoplexy. M. D. Bolus gazed long and hard, felt his pulse and pocket, looked at his tongue and his wife, and finally gave vent to the following sublime opinion:

"I think he's a gone feller."

"No, no!" exclaimed the sorrowing wife, "do not say that."

"Yes," returned Bolus, lifting up his hat and eyes heavenward at the same time, "Yes, I do say so; there arn't no hope, not the leastest mite; he's got an attack of ni hil fit in his lost frontis——"

"Where?" cried the startled wife.

"In his lost frontis, and he can't be cured without some trouble and a great deal of pains. You see his whole planetory system is deranged; fustly, his vox populi is pressing on the ad valorem; secondly, his cutacharpial cutaneous has swelled considerably, if not more; thirdly, and lastly, his solar ribs are in a concussed state, and he arn't got any money, and consequently he is bound to die.

THE USE OF THE STETHOSCOPE TO DETERMINE THE POSITION OF THE FŒTUS IN UTERO.

Dr. Bell, of Fayetteville, Ark., makes the following suggestions on this subject:

Could not the position of the "fœtus in utero" be ascertained in most instances, by the use of the stethoscope?

In the first, second, and third presentations, (Dewees) the heart of the fœtus can be distinctly heard in the left groin of the mother. In the fourth, fifth, and sixth presentations, it will be heard in the right groin. In the second and fourth more distincly than in the other four; as the position of the fœtus is such in these, that the heart is never to the surface.

Should the left shoulder present, it can easily be seen that the sounds of the heart will be discovered very low down on the right or left side of the mother, as the fœtus may lie with its head in the right or left side of the womb. Where the right shoulder presents, the sounds will be midway between the navel and symphysis pubis, to the left or right of the mesian line, as the fœtus may lie. In hip presentations, the sound will be found higher up in the abdomen than in the others.

THE WESTERN LANCET.

VOL. XIII. CINCINNATI, NOVEMBER, 1852. No. 11

PART I.

ORIGINAL COMMUNICATIONS.

ART. I.—*An Account of some of the Diseases of Southern Indiana.* By ISAAC CASSELBURY, M. D. of Evansville.

Dysentery.—Dysentery has prevailed more or less extensively in the Southern part of Indiana in an epidemic form during the summer or autumn of the last four years.

About the first of June, 1848, dysentery prevailed in the vicinity of this city in an epidemic form; but it was chiefly confined to alluvial districts.

The season was unusually wet, the days warm, and the nights cool. The first evacuations were commonly diarrrhœal, but after a time, longer or shorter, the griping pains became more and more intense, the alvine dejections bloody, or mucous mixed with blood. Tenesmus was one of the most constant and characteristic attendants of this affection, and the violence of this painful symptom afforded a pretty accurate measure of the violence and degree of danger of the disease. A constant soreness was felt in the abdomen.

The dysenteric discharges usually had a peculiar disagreeable smell, but no fetor in the beginning of the disease; in the advanced period of violent cases, they frequently possessed a pungent and cadaverous smell, and acquired an irritating and sanious character. Sometimes a colliquative diarrhœa occured a few days previous to the fatal termination of the disease. In some instances, the heart and arteries sympathized but lit-

tle with the local inflammation of the mucous membrane; but much more commonly the attending fever was of a high grade; and when the fever was of this grade, there was usually superadded to the dysenteric symptoms, almost constant nausea and vomiting, accompanied with the ejection of bright green biliary matter. During this year children suffered but little from dysenteric symptoms.

The treatment of this disease as it prevailed during the summer, was very simple and attended with great success.

The prognosis was almost always favorable, especially if appropriate treatment was adopted at an early period.

The alkaline treatment, seemed to have the most happy effect, especially when there was much fever. As the patient generally suffered most excruciating agony, I not only tried several methods of treatment myself, but witnessed different kinds of treatment by other physicians. The usual mode of proceeding with the alkaline treatment, was to order,

℞.—Bi. carb. sod. gr. xx., tart. acid gr. xv, every hour or two, according to the urgency of the symptoms, with from ʒss to j. of Rochelle salts, until a few copious alvine discharges were induced. Then the salts were withheld, or used only so as to produce two or three alvine discharges daily. So soon as the bowels were freely moved, the vomiting would usually subside, and not recur again, unless the condition of the bowels was neglected.

Opiates were of no advantage, except to allay the griping and pain. To use them more freely, tended to protract the cure of the disease.

Mercurials tended to do a positive injury, and patients speedily came under their influence, often in twenty-four or thirty-six hours.

No physician who witnessed the happy effects of this treatment, would adopt any other, because it seemed to meet every indication, when conjoined with the occasional use of a full opiate.

In 1849, dysentery again appeared in an epidemic form in August, after the subsidence of epidemic cholera. It assumed a much more grave character, and prevailed much more extensively than the epidemic of the preceding year. It was not entirely confined to alluvion districts this season, but in them it assumed a much more malignant character. Those districts which were the most infected by cholera, were likewise the most afflicted by this epidemic.

The attack was ushered in usually by many of the premoni-

tory symptoms of dysentery. After these had continued for a day or two, and often, but a few hours, the patient would begin to evacuate bloody mucous matter without any biliary tinge intermixed. About this time vomiting would supervene, but the matter ejected, seldom exhibited any substance but the contents of the stomach, with a glairy mucus; no traces of bile were to be observed.

Fever was usually present, from the beginning of the disease, but it assumed a masked form. One hour the pulse would be full, strong, and slow, the surface hot and dry; the next the surface would be cool, the pulse small, frequent and feeble. There was a sensation of weight and oppression in the region of the liver, often a panting or difficulty of respiration, with pain in the base of the occiput. The duration of the disease was protracted, and throughout attended with the most excruciating agony.

After the disease had continued for a few days, the dejections would often become intermixed with a bloody serous matter; the vomiting would then usually cease, and the patient would rapidly sink if this discharge could not be speedily arrested. The epidemic was not confined to adults, as that of the preceding year was, chiefly.

It prevailed with great fatality among children under two years of age. With these little sufferers, almost the first premonition of the frightful malady would be a bloody mucous discharge. Fever, attended with great tormina and tenesmus, would immediately follow, and if this fever assumed a high type, less danger, although greater suffering, was to be apprehended. The progress of the disease was fearfully rapid. For the first twenty-four or forty-eight hours, there was a constant inclination to stool. Soon a truce would follow, joy would light up the countenance of the parents, but this was but the harbinger of what was about to follow.

The surface and extremities were now observed cool, and often perspiring, while the head would be intensely hot. The little patient would, from time to time, shriek in a tone peculiar to this condition, for I never heard it in any other, and it was always present in this.

Sleep never blessed his pillow, and he was constantly throwing his head from side to side. The prognosis was always unfavorable, both in the adult and infant, until biliary secretion was excited, as evinced by its appearance in the discharges. When this was induced at an early period, before the liver and small intestines become implicated in the in-

flammatory condition of the large bowels, by a continuation of the disease in the adult, and before the meninges of the brain become affected in the infant, the prognosis in both was usually favorable.

The treatment most successful in this epidemic, was entirely different from that of the preceding year.

This season there were strong indications for the use of mercurials. The liver was congested, and that congestion was to be speedily but carefully removed. This was best effected by small portions of calomel, every two or three hours, until the gums were observed to be slightly swollen, then the calomel should be withheld, and blue mass combined with ipecacuanha substituted. This should be carefully employed, so as not to induce profuse salivation. Opiates were never of advantage, except to give temporary relief, and when they were directed for this purpose, the proper mode was to give them in full doses, and not often repeated. When the congestion of the liver was relieved, the treatment which I conceive was the most successful, was small portions of rhubarb, just sufficient to induce one or two consistent evacuations daily, conjoined with ipecacuanha and chalk or calcined magnesia, according to the following:

℞.—Rhei pulv. gr. viii. ipecac, gr. ii. creta preparata, gr. xxiv. Divided into eight powders—one to be given every 3 or 4 hours. The duration of the disease was protracted; but this seemed much the most successful mode of treatment. When there was much fever and difficulty of urinating, which, in the early stage of the disease, was always the case, a little sweet spirits of nitre in mucilage should be conjoined. Blisters never seemed to be of any advantage in the treatment of this epidemic, either in the adult or infant. Nor was blood-letting ever practiced with any advantage.

In the summer of 1850, dysentery, again appeared after the epidemic visitation of cholera. But the disease was so nearly similar to that of the preceding summer, that the description of the one will answer for that of the other, except the one in 1850, was not so malignant, nor did it prevail so generally. Like the former it was much more severe in malarious districts, than in those not subject to this deleterious influence. The treatment applicable in the previous epidemic, was also in this.

Dysentery again prevailed in this vicinity during the summer of 1851. But it had lost all of its malignant character.

Although it prevailed extensively, it yielded readily to a mild course of treatment. All that seemed necessary, was to remove the vitiated contents of the bowels, and then give mild opiates, so as to allay the tormina and tenesmus.

Cholera—Prevailed in 1849, '50 and '51, during the early part of the summer of each year. But I am not aware that it presented any symptoms which were not observed in the same epidemic in other places, so that a description would only be a repetition of what has already been communicated. But there is one thing I would remark in reference to cholera as it prevailed here.

It was observed to be much more malignant in malarious districts. During, 1849, it was almost entirely confined to such localities. But few cases were observed in the upper part of this city (Evansville), while it prevailed in a malignant form in the lower part. The upper portion of the city is well drained, and but little subject to malarious diseases, while the lower part is subject to inundation several times during the year, by the water from the river, running up the ravines, which fall into pigeon creek, near its junction with the Ohio. This ravine has a meandering course through the lower part of the city, and the area of ground covered by it is quite extensive. Cholera was not only observed much more extensively in malarious localities in the city, but also in such districts in the country. Wherever intermitting fever had prevailed extensively in former years, cholera appeared in a malignant form. There may have been a few cases of cholera in neighborhoods where there exists little or no malarious influence, but there were not certainly many cases in such localities. Here let me say that I do not believe in the malarious organ of cholera, but I do believe that malaria serves as a powerful exciting cause.

Parotitis—Prevailed extensively during last winter and spring. The attack was ushered in by a chill followed by fever and great irritability of the stomach. In many cases there was but little swelling of the parotid gland, and this rarely took place for three or four days after the chill; and in some cases the gland never became swollen but seemed to be extremely sensitive on slight pressure.

But the most remarkable symptom in the disease was its tendency to metastasis to the left testicle; for I think I would make a true statement were I to say that in nine cases in ten, where a metastasis did take place, it was to the left testicle. A metastasis was of so frequent an occurrence, that I scarcely

expected a patient to convalesce without it. When this did occur, it was rapidly followed by a subsidence of the swelling or tenderness in the parotid gland. The treatment was simple; allay the irritability of the stomach, correct the secretions, and then pursue a mild diaphoretic course. When a metastasis had taken place, a sinapism or blister to the region of the parotid gland, and warm fomentations to the swelled testicle afforded prompt relief. Convalescence usually took place in a few days.

Measles—has prevailed extensively during the spring of the last two years. I do not know that it presented any symptoms not usually present in this disease, unless it was that there was a strong tendency to metastasis to the bowels, and sometimes to the lungs. It required continued vigilance and the most sedulous care, to prevent the bowels from becoming implicated extensively, and when this did occur, there were but few recoveries. The patient would then rapidly sink under an exhausting diarrhœa.

Whooping-cough, has been a severe scourge among children, for the last year or two, but I do not know that it presents any unusual symptoms, except that it is much more protracted in duration.

Paronycha.—For a considerable period, I was unwilling to admit that there was an epidemic of this character prevailing during last summer; but I am unable to explain the frequent attacks of this disease on any other principle. I do not know that any case presented symptoms which are not often met with in this painful affection, except that they seemed to be much more severe, and the disease had a much more protracted duration.

Milk Sickness, has for many years been a scourge to some neighborhoods. But it prevailed much more extensively during the latter part of the summer and the early part of the autumn, than it had for many years before. This may have been in consequence of the extreme drouth prevailing at that time, for an extremely dry summer seems to favor the prevalence of this fell monster. The disease presented no unusual symptoms. The treatment employed, was extremely simple, and I am happy to say very successful. During the first days the indications were to allay the irritability or inflammation of the stomach, and excite alvine evacuations. This was always effected by giving the soda powders according to the dispensatory, or sometimes only in half the quantity every hour or two, according to the urgency of the indication,

with Rochelle salts in ʒj[t] portions dissolved in cold water, every hour or two, till the bowels were freely moved. Afterwards the salts were used only, so as to produce one or two movements from the bowels daily.

After the irritability of the stomach was allayed, the fever subsided, leaving the sufferer often much reduced, and greatly distressed, with a soreness or sensation of oppression in the region of the stomach, attended with a costive condition of the bowels. These symptoms were relieved best by brewers yeast taken in table-spoon portions three times daily, with a little charcoal and sulphur at night. These were all the therapeutic agents usually employed, and almost every case recovered unless they were in a collapsed state before these means were put in requisition.

Small-Pox.—This disease is very contagious, and because it is so, I do not know whether to attribute its prevalence in some localities to endemic influence, or to its own contagious propagation. If there was not an epidemic influence prevailing at that time, there certainly was great negligence of the ordinary means to prevent its spreading. Certain it is, that it prevailed exclusively in some districts. Near Blairsville, about ten miles from this city, there were a great many cases of this disease during the latter part of the winter and spring of 1849–'50. I am not aware, but that the number of recoveries was as great as is usual.

During the spring of 1851, small-pox prevailed extensively in the vicinity of Newburgh, six miles above this city on the Ohio. For several years I have been accustomed to treat a few cases. I am consequently pretty well acquainted with the usual appearance of the eruption; and I have certainly never before observed the vesicle to assume the same livid appearance as it did in many of the cases last spring.

ART II.—*Compound Comminuted Fracture of the Os Femoris, implicating the Knee Joint.* By L. D. SHEETS, M. D., of North Liberty, Ohio.

On Tuesday evening, April 20th, 1852, I was called to see P. O. an Irish laborer, aged twenty-six, a man of good constitution, and temperate habits. He was driving home in a cart, and as he was about descending a considerable hill, at

the southern extremity of our village, his horse frightened and ran; finding he was unable to check him, he leaped to the ground, uninjured, but still held on to the lines. At the base of the hill flows a small stream, which he was obliged to cross, but in doing so, he drew the horse above the road, and run him against the bank of the creek (which rises up some four or five feet perpendicularly), and upset the cart, upon the turning over of which, the but struck him in the lower third of the os femoris. Whether the wheel subsequently passed over the leg he is unable to say. He endeavored to rise from the water (as he had fallen in the creek), several times, but was unable to do so; these attempts may have had some agency in causing the *compound* nature of the injury. Assistance soon reached him, and he was carried into a store, when I first saw him. I directed him to be put upon a litter and carried home at once, a distance of about a mile. Upon an examination, after his arrival, I found a compound comminuted fracture of the distal extremity of the os femoris, extending, as well as I could judge, into the knee joint. About the latter I think I could not have been mistaken, since there was considerable extravasation of fluid within the knee joint, great mobility of the patella, and a distinct crepitus of *denuded* bone, upon tapping the latter; yet the sequel scarcely warrants the truth of it, for the joint is far from being anchylosed. The bones did not protrude, when I saw the injury, but there were two large wounds in the superior part of the popliteal space, one of which was in close proximity with the popliteal artery. Hemorrhage was pretty extensive, but mostly venous. I at once sent for Dr. Burse, of Decatur, who, with his senior partner, Dr. Norton, saw it with me several times subsequently. Though the case was a bad one, and one which we thought would require amputation (since we believed gangrene and sphacelous would supervene), yet we conceived it our duty, and the part of conservative surgery, to make an effort to save the limb. We, therefore, adjusted the parts, by extension and counter-extension, and applied Physick's modification of Desault's splint, thus treating it in the straight position.

Wednesday, 21st. Rested tolerably well last night—pulse seventy-six—scarcely any increase of swelling or inflammation since yesterday evening. Bowels costive—tongue very slightly furred.

Evening. Pulse ninety-six; complains of the bandage around the ankle, by which extension is made; increase of heat about the parts; ordered cold water dressings.

Twenty-second. Suffered from the bandage, which caused restlessness during the night. This, I was obliged to remove, and to apply a gaiter to the foot, well padded with cotton, which should have been done at first, as the bandage gave rise to great and continued soreness of the heel, which might have been measurably avoided. Pulse, seventy-six; bowels still confined; ordered "black draught;" continue water dressings.

Evening. Bowels well evacuated; pulse same.

Thenty-third. Rested pretty well the greater part of the night; pulse, seventy-two.

Twenty-fourth. Pulse, seventy-two; bowels costive; ordered laxatives; troubled with cough, which interfered with rest last night.

Twenty-fifth. Bowels opened; pulse eighty-four; rested pretty well last night.

Twenty-sixth. Pulse, ninety-two, hard and quick; ordered "blacks draught;" suffers no pain.

Twenty-seventh. Slept well; bowels well acted upon; pulse, one hundred, and still hard; ordered small doses of ant. et. potas. tart., used mur. ammon. alcohol and vinegar, as a lotion, instead of the water.

Twenty-eighth. Pulse, reduced to seventy-two; discontinued tart. emet., swelling abating; continue lotion.

Twenty-ninth. Had a severe chill, about two P. M. yesterday, with faintness and nausea afterwards; pulse, ninety-two.

Thirtieth. Did not sleep at all last night; pulse, one hundred and twelve, and tolerably full and hard. Some nausea, headache, &c., considerable sanious discharged from the wounds four or five days; bowels moved once yesterday. As inflammatory action was pretty high, and it being about the time for gangrene to attack the part, I bled him, and ordered small doses of tart. emet. every three hours.

May 1st. Rests poorly at night, pulse, one hundred and four; bowels confined; ordered laxatives.

Second. Pulse, eighty-four; discontinue tart. emet.; bowels still confined; ordered more laxatives; discharged from wounds more healthy; ordered opiates to procure more sleep. But I will not occupy any more space with a detail of treatment, &c., which was continued until the twenty-fifth of June.

On the twenty-ninth of May, he insisted upon having the splint removed, to which I consented, but had to re-apply it in two days, as the callous was not sufficiently consolidated,

and rose up in the form of a painful tumor, caused by the muscular contraction of the leg. As soon as the splint was re-applied, the tumor lessened, and the pain disappeared.

On the twenty-fifth of June, ossification was sufficiently advanced to remove the splint permanently; he could then turn over in bed, sit up, &c. In the beginning of the month of August, much to my satisfaction, the wounds were closed, and he was able to go about upon crutches; but upon regaining the erect position, the ulcer, upon the heel, broke out afresh, and is still sore.

Sept. 24th. I called to see him, and found him out superintending his work. He cannot walk without crutches, but with their aid moves about rapidly. He does not bear much weight upon the leg yet, as it causes pain at the seat of the fracture. There is motion at the joint to the extent of some ten or fifteen degrees, which is at the same time quite free and natural. The posterior wounds are entirely healed, but the cicatrices interfere somewhat with the action of the tendons. There is no *shortening*, and I think the addition of a little more time will find him in possession of a good, substantial leg.

PART II.

REVIEWS AND NOTICES.

ART.—III.—*A System of Operative Surgery, based upon Practice of Surgeons in the United States; and comprising a Biographical Index and Historical Record of many of their operations, for a period of two hundred years.* By HENRY H. SMITH, M.D., Surgeon to the St. Joseph's Hospital; Assistant Lecturer on Demonstrative Surgery in the University of Pennsylvania; Lecturer on the Principles and Practice of Surgery in the Philadelphia Medical Institute, etc. Illustrated by numerous steel plates. Philadelphia: Lippincott, Grambo & Co. 1852.

We have just received Parts IV and V, which complete this valuable and important work. It embraces a very general account of the Surgery of the United States, together with the best modes of operating by Surgeons throughout the world. Such a work, we conceive, has been greatly needed in our country, not only to preserve our own literature, but with the more enlarged view of affording a complete system of Operative Surgery, in a compenduous and comparatively cheap form.

It is especially gratifying to observe the laudable effort made by the author to record, in a systematic form, the principal operations performed by American Surgeons. It is high time, indeed, that we were devoting more attention to our own literature, with a view of preserving the large amount of practical material which lies scattered over our vast domain, and still further of eliciting the talent of the profession in producing the more elaborate and systematic treatises.

In the example before us we find everything to commend. The author has enriched his work with a record of the prin-

cipal operations which have been performed in our country, and drawn largely from the writings of foreign authors. A system of Operative Surgery, based on the practice of Surgeons in the United States, must be favorably received by the entire profession; indeed, no one could hardly venture to do himself the great injustice, either to condemn the work, or fail to secure the great advantages it is capable of conferring upon every practitioner. The author has executed his laborious and difficult task with great ability and fidelity. The elaborate Bibliographical and Historical Record, the beautifully engraved plates, and the excellent typographical execution, are features which, in addition to the intrinsic merits of of the work, cannot fail to be favorably received. We cordially commend this work to our readers.

ART. IV.—*Operative Surgery Illustrated:* Containing more than Nineteen Hundred Engravings; including Two Hundred Original and fifty colored drawings: with explanatory text. By R. U. PIPER, M. D., also a chapter upon use of Ether in Surgery, by H. J. BIGELOW, M. D. Prof. of Surgery in the Medical School of Harvard University, Boston: Ticknor, Reed, and Field. 1852.

The present work was undertaken for the purpose of rendering existing knowledge available and cheap, rather than to enlarge its boundaries, by presenting to the eye, at a glance satisfactory and precise information, by means of pictures.

The author states also, that he has aimed to make it useful both to practitioners and to students, not as a methodical treatise, but rather as a general storehouse of matters connected with practical surgery. It is very seldom that so large an amount of useful matter can be found in one compilation. The cheap form in which it is presented, will place it within the reach of all, and thus render many things in surgery accessible, that have heretofore been confined to expensive folios. The work possesses superior advantages to those who cannot find it convenient to supply themselves with all the numerous illustrated surgical references that have been published. For sale by H. W. Derby & Co. Main st.

PART III.

FOREIGN SUMMARY.

1. *On the Present Method of Treating Diseases of the Skin.* By J. S. Tylor Esq., M.R.C.S.

During several years close attendance at the Hospital for Diseases of the skin in this City, and also in my own private practice, I have been much struck with the importance of a more correct and definite knowledge of the best method of treating cutaneous diseases being generally obtained.

We can only arrive at this by giving to them a larger share of attention than they have hitherto received from the members of our Profession, and by a candid investigation and comparison of the different modes adopted for their cure. In looking over an extensive collection of notes which I have taken of cases treated by my friend Mr. Startin, at the Hospital, the number of cures effected within a limited period, in many very long-standing cases, and this without any derangement of the general health,—a point never to be overlooked, —certainly warrants an impartial consideration of the method of treatment adopted by him. This will be sufficiently apparent by the detail of a few cases. I have selected the class of squamous diseases which are usually considered very intractable, for the subject of this paper, and shall aim chiefly at giving the general plan of treatment, avoiding formulæ which can be learned from the pharmacopœia of the Hospital.

CASES OF LEPRA.

Case 1.—*Lepra Vulgaris.*—Emma Collinson, aged 12, 15 Hertfort-street, Haggerstone, admitted Sep. 5, 1851. Patche, of lepra are scattered over nearly the whole of the back, loins and abdomen. The bony portions of the arms and legs are also partially covered raised scaly patches, and a few spots are

sprinkled upon the face and scalp. The patches are mostly large and circular, and the scales grey, silvery, and firmly adherent. She has suffered from the complaint for six years. It first appeared without manifest cause, on her knees, and then attacked the lower part of the legs. It partially disappears sometimes, but never entirely leaves her. The itching is troublesome when she becomes heated, or gets warm in bed. She is stout and apparently strong, but is subject to fainting fits, and her bowels are habitually constipated. Both parents are healthy; neither has ever had any disease of the skin.

Treatment.—Meat was allowed once a-day; but a milk and farinaceous diet was chiefly enjoined. Thin oatmeal gruel was directed to be used instead of soup. Malt liquors were forbidden. An alkaline bath was ordered once a week. Half grains doses of the iodide of potassium combined with three minims of Fowler's solution, were given three times a-day; and an ointment, composed of the nitric oxide of murcury and lard, with a few drops of creosote, was to be applied night and morning to the part affected. She persevered in the use of these measures for six weeks; and it was very interesting to observe, from time to time, the gradual detachment of the larger and thicker leprous scales, and the healing of the patches from the centre outwards.

Discharged cured, October 17, 1851.

Case 2.—Lepra Vulgaris.—George Totz, a German, aged 50, Old St. Pickford-squire, admitted June 18, 1851. Is a skin-dresser by trade, and much exposed to dirt, and contact with certain chemical substances. Has been affected with lepra for fifteen years. Up to the age of thirty-five, he was robust and healthy. At this time, he was attacked by a scaly eruption which first came on his left elbow, and his health began to decline. He his now weakly, though suffering from no specific complaint but that of the skin. The pruritus is at times extreme, and distresses him greatly. Has been a patient at several Hospitals and dispensaries. Irregular patches of lepra are scattered over nearly the whole of this patient's body. The shin bones and arms are also occupied by orbicular patches and spots, slightly depressed in the centre, and many of them are covered with white shining imbricated scales. Some of the patches are inflamed and indurated, and some irregular in shape resembling those of psoriasis. The knees and elbows are coated with thick, closely-adherent scales, of a dirty white color. Diet, etc., the same as in the last case.

Treatment.—An alkaline bath. Iodide of potassium, with a few minims of Fowler's solution; and creosote ointment.

This patient was discharged cured, October 8, 1851, with his general health much improved.

Case 3.—*Lepra Vulgaris.*—Anna Campkin, aged 9, Perry street, Chiselhurst, Kent, admitted March 17, 1851. A stout, fresh-looking girl, in good general health. She first observed small squamous spots on her arms and legs two years ago. Her father was affected with a scaly disease for some years before she was born. Large circular patches of lepra are symmetrically placed upon the neck, body, and legs. The largest, from two to three inches in diameter, are situated upon the hips, and below the patellæ. The arms and elbows are free from disease: a few spots are developed on the scalp. The disease produces no constitutional disturbance. The itching only troublesome when warm in bed. The complaint gradually increases, but does not vary with the seasons of the year. Rules given with respect to diet, etc. Alkaline bath as usual.

Treatment.—Doses of the one-twelfth of a grain of bichloride of mercury, with a few drops of laudanum, three times a day. An ointment, containing a small quantity of both the nitric oxide and the ammonio-chloride of mercury, to be applied night and morning. On the 7th of April, Fowler's solution was added to the medicine, and creosote ointment was substituted for the mercurial.

On the 30th of April, as she did not make rapid progress, the iodide of potassium, with liq. arsenicalis, was prescribed, which was persisted in till she got well.

June 20.—Quite well. Skin everywhere perfectly clear and sound. This patient did not leave the hospital till the 28th August, during which time she experienced no relapse, and took no medicine.

Case 4.—*Lepra Vulgaris.*—Elizabeth Maunder, aged 22, unmarried, Blue Anchor-road, Bermondsey, admitted Dec. 20, 1850; a healthy young woman. Six years ago a few red spots appeared on both elbows at the same time, which shortly became covered with white filmy scales. Parents both healthy; neither has ever suffered from any cutaneous disease. She can assign no cause for the attack. Over some parts of this patient's body the spots presented the appearance of lepra alphos,—being small, raised, and coated with very white scales. On the limbs the patches are of considerable size, mostly depressed in the centre, and covered with shin-

ing metallic-looking scales. The parts chiefly affected are the fore-arms, and the legs from the knees to the ankles. Diet and bath as usual.

Treatment.—Half-grain doses of the iodide of iron, with Fowler's solution, and the creosote ointment; but as the arsenic, even in very small doses, disagreed with the stomach, the bi-chloride of mercury was prescribed on the 3rd of January, with a few drops of the tinctures of opium and cantharides. This patient disliked medicine, and not being an inmate of the hospital, neglected to take it for more than six months. But, as during the summer her complaint became much increased, she a second time applied for relief. The mixture last prescribed was again ordered, with the occasional addition of a few drops of Fowler's solution, as she was able to bear it.

She was discharged cured, Oct. 17, 1851.

Case 5.—*Lepra Alphos.*—Anne Fitch, unmarried, aged 28, 48, Spencer street, St. George's-in-the-East, admitted Oct. 3, 1851, a stout, healthy-looking woman. At the age of 15, during menstruation, she bathed in the sea. The catamenia were immediately arrested, and shortly afterwards, spots of lepra appeared on the breast-bone. She suffers much from dysmenorrhœa, but otherwise enjoys good health. Her head, face, arms, and elbows, are sprinkled with small scaly and elevated spots. The knees and the backs of the hands are also covered with spots of a larger size, coated with very white friable scales. She states that the loins and abdomen are similarly affected. These spots are visibly raised, and mostly circular. She has undergone much medical treatment. Rules with regard to diet, the use of soap, etc., as before. An alkaline bath as usual.

Treatment.—The iodide of potassium, with Fowler's solution and the creosote ointment.

Nov. 7.—Well, except that her arms look red, and are somewhat irritated, from her having been occupied the whole of the previous day in washing with soap and soda. Discharged cured.

In three cases of lepra out of the five, the disease seemed neither to be hereditary nor to have arisen from any specific cause. In one it was probably inherited, and in another occasioned by suppressed menstruation. In one case it had existed for two years, in two cases for six years, in one for thirteen, while, in another, it had lasted for the long period of fifteen years. In the case of Elizabeth Maunder, the cure

was not accomplished for ten months; but this is to be accounted for by the patient suffering a long interval to elapse without taking any medicine. Upon resuming it, she soon recovered. Four months was the longest time during which any other patient was under treatment. All the patients took a combination of the iodide of potassium and arsenic. With one this remedy did not agree, and she recovered under a course of the bi-chloride of mercury. It will be seen, that, where powerful medicines were exhibited, very small doses were invariably given, and were found to be efficacious; and, far as I am from any leaning towards homœopathic humbug, I feel certain that this is a point very important to observe, both as least interfering with the general health, and as most effective in the cure of these as well as of many other chronic diseases. Where Fowler's solution is administered in drachm or half-drachm doses, several instances of which have lately come under my notice, I am sure that it is neither so safe nor so efficient a remedy as when given in doses of from two to five minims; and, while it is evident that arsenic is a most valuable medicine in the treatment of many cutaneous diseases, it is, I believe, a great mistake to suppose, as some practitioners manifestly do, that this drug is a specific for all. With regard to external remedies in squamous diseases, the alkaline bath has proved to be of essential service, though the constant use of soap is certainly irritating and injurious. The old practice of using tar still obtains under the concentrated form of creosote; and this as a local remedy may be readily employed through the medium of unguents and liniments. But while outward applications will alleviate some of the more distressing symptoms, very little will certainly be done towards obtaining a radical cure without attacking the root of the disease, which, with the exception of a few complaints dependent upon external exciting causes, has its seat in the blood. After all, medicaments of every kind must be employed, with special reference to the peculiar constitution of the patient as well as to the general state of his health; and strict attention to diet, change of air, etc., are as important aids to recovery in these as in all other diseases.—*London Med. Times and Gazette.*

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2. *Progress of Epidemics, Epizootics, etc.*

The disease among the potatoes has commenced throughout Ireland, and it would seem that the destruction of that

useful and almost universal esculent among our Irish brethren, will be more general and more severe than it was even in 1845. Accounts pour in from all quarters to that effect, and it is much to be feared that it will be again the prelude of a fearful famine, and consequent fever. The potato blight is also spreading in England; it was discovered in Cambridgeshire and in the neighborhood of Oxford, immediately after the great thunderstorm, the leaves and stems appearing withered and burnt. It has also re-appeared in some parts of the Lothians. It was first seen about the 20th, and did not make much progress till the 26th,—a time when thunderstorms of the most fearful and destructive character were very rife. In some places the disease is at once and openly attributed to the effects of electricity. In the vine districts of France and Italy, the vineyards are suffering from the disease which has affected and destroyed the vines for several years past, and the beans in this country are also more or less diseased. The French vineyards it is said, will not yield one-third their usual crop. The malady by which the vines of France, Italy, Madeira, Sicily, and Lisbon are afflicted is called the "mangra," or "odium," and it appears, at first, like the small dust on the green berry, causing the fruit to burst, and ultimately to become putrid. It has made but little progress in Burgundy, but in the south its ravages are very general, very few vineyards being spared. In Madeira, and in the neighborhood of Lisbon, the grape crop has entirely failed. The Royal Agricultural Assurance Society have had to pay upwards of 200,000*l.* during the past year, in consequence of the fatality attending the epizootic among cattle. Dysentery and opthalmia are still fearfully prevalent in the Australian gold-diggings; rheumatism, also, is of very frequent occurrence. Gun-shot wounds and fractures may also be said to be epidemic. Accounts from the town of Kalisch, in Russian Poland, which, according to the last census, contained about 670 houses and 11,000 inhabitants, and is considered one of the principal places of Russian Poland in point of mercantile opulence and trade, represent the ravages of the cholera, which has been prevailing there for now several weeks, as very fearful. By intelligence from Greece, we learn that an unknown disease has attacked the currant plant, which blackens and rots the grape in one night. It is calculated that not a fourth of the whole product will be saved. It is said that the currants of the Ionian Islands have also been attacked by this extraordinary malady. H. M. sloop of war,

the Arrogant, has arrived at San Juan with sickness (qy. fever) among the crew. Accounts from St. Domingo represent the fever as still raging there, both on shore and among the shipping; and intelligence from Panama represents that the dreaded cholera is exceedingly prevalent in that part of the world, and carrying off large numbers. Small-pox, at the latest date, was prevailing to a considerable extent at Jamaica, particularly in Kingston and Falmouth. In the former of these places it was daily increasing, and had assumed a very malignant character. In Martinique the yellow fever is unabated; it has committed severe ravages. By letters recently received we learn, that the cholera had broken out in a most virulent form on the frontiers of the kingdom of Warsaw, and that between forty and fifty cases have occurred within the space of two days in Warsaw itself. On the 10th, it also appeared at Flechon, in the Grand Duchy of Posen, and, in ten days, carried off 17 persons out of 22 attacked. This awful epidemic is traveling hitherward most rapidly. Are we prepared to encounter its devastating influence? We fear not. Scarcely anything, if anything at all, has been done since the last visitation to mitigate its horrors and save its victims.—*Ib.*

3.—*Ingrowing Toe-Nails.* By E. Lacy.

In connection with my paper on "Ingrowing Toe-nails," whether arising from onychia or injury, allow me to give the following deductions, arrived at after five-and-twenty years' experience in treating such affections:

1. If the nail, or any portion of it, be separated from its secreting surface, or cells, the natural defence to the latter is gone, and a sprouting ulcer (pterygium) is produced, which is not readily curable by any plan hitherto recommended for that evil.

2. That when this fungus is produced, it impinges on the adjacent edge of the nail, and being highly sensitive, causes intense pain, inflammation, etc.

3. If on the toe, the weight of the body, when in an erect posture, pressing the flesh upwards, increases the impingement, so does the lateral pressure of a boot or shoe.

4. That the filing away of the edge of the nail, the scraping it, the lifting it up with stuffing, the mere application of escharotics, and the use of the scalpel (without it is meant to

remove the secreting cells as well as the nail) is bad, and is no improvement on the practice adopted by Actius Celsus, Haly, Abbas, etc. See the Sydenham Society's edition of "Paulus Æginetæ."

5. That the tearing away the nail, either wholly or in part, but rarely cures; it affords present relief, but if the after-treatment be not such as to keep the pterygium and entire fleshy margin (nail band, as it is called) from encroaching on the surface secreting the new nail, the case of the new nail is often worse than the old one. Such cases are types of No. 4, given in your last Journal, where the nail was removed by violence,—"torn away," in fact,—and hence my having had several such cases to cure. That the mode of operating was not defective, may be implied from the fact, that in one case (that of a banker at Manchester) the late Mr. Liston was the operator.

6. That poultices, water dressing, and unguents, encourage the growth of these excrescences.

7. That no convex, or thickened nail, should be cut at its lateral edges to prevent its "growing into the flesh," without it is (as some are) detached; when the secreting surface being already so far perished, no injury follows cutting the nail.

8. That the least painful, the readiest, and the surest way to cure, is the reverse of that hitherto adopted; that the natural defence and pressure of the nail should be imitated, not further removed; and that the flesh around the nail should be kept from trespassing on its edges, whilst pressure on the fungus reduces it to a proper level, and restores its healthy functions. It is the practice, in fact, necessary to adopt after the operation of removal, if that operation is to be successful.

9. That the arg. nitr. allays the inflammation; that the hydr. nitr. ox. rubr., not only acts as an escharotic and stimulant, but forms, after two or three applications, a coating which acts as a defence, and, with the pressure, assists the reduction of the ulcered excrescence, as well as the healing process.

10. That it is bad practice to remove this coating, however dirty it may look (from the lead in the emp. adhes.,) though the surrounding parts should be wiped clean at each dressing.

11. That cork being flexible, and easily reduced to any required shape, is the cheapest and best substance with which to make gentle and uniform pressure.

12. That, if the "union of the papillary layer of the dermis, with the lamellated structure of the nail;" or, if the nail

band be ruptured by an abscess, the nail being intact, an excrescence will frequently follow, but that such is curable by pressure alone.—*Med. Times and Gazette.*

4.—*An Analysis of one hundred cases of Cancerous Disease of the Uterus.* By Robert Lee, M.D., F.R.S., etc.

The conclusions to which the author arrived from this analysis were :—1st. That cancer may commence in any part of the mucous, muscular, or peritonæal coat of the uterus; but most frequently in the os and cervix. 2ndly. That the earliest symptoms of the disease, in a large proportion of cases, were discharges of sanguineous, serous, or white-colored fluid from the vagina, with sense of uneasiness or pain more or less acute within and around the pelvis. 3rdly. That cancerous disease of the uterus presented itself most frequently in the form of induration and ulceration of the os and cervix uteri and vagina, or ulceration without induration, or in the form of fungoid tumors, usually called cauliflower excrescences, growing from one of the lips or the whole os uteri, being often associated with encephaloid or colloid masses and true scirrhus of the remaining portions of the uterus and contiguous viscera. 4thly. That in no case could cancerous disease of the uterus be referred to inflammation; and that its fatal progress was never arrested by cauterizing the morbid structures through the speculum, nor by any other method of treatment.—*Ibid.*

5.—*On Artificial Dilatation of the Os Uteri.* By S. Wm. J. Merriman, M.D.

The author conceiving that the true principles of midwifery have recently been assailed, gave concisely arguments from various sources why it is improper to accede to the proposal to use the fingers as dilating agents in the first stage of tedious labors. No accoucheur can attain true celebrity, he said, who is unable to discriminate between the two principles; namely, when to leave the case entirely to nature,—when to render aid. He first referred to the opinions of ancient and almost modern writers, who all advocate the plan of treatment by manual dilatation; and stated that their habit of speaking of e os externum vaginæ as the os uteri, and their belief that

the child, by its own efforts, conduced to the opening of a passage for itself, rendered their advice useful only as a matter of history, not as a rule of practice for the present day. He expressed his surprise at finding such recommendations brought forward at the present time, the reasoning on which the advice was formed being so completely at variance with what we know to be the real state of the case. He then proceeded to the writings of accoucheurs published a hundred years ago, and stated that the same advice was found in them, coupled with much else that is now obsolete, because injurious. The learned Smellie, who did so much for the practice of midwifery, was instanced as having gravely recommended and practised dilatation of the os externum by the hand formed into a conical shape, in order that he might pass his hand flat between the head of the fœtus and the os uteri, believing that to be the best way of preventing "the os uteri being pushed before the head of the child." That such advice should be followed, or even referred to as evidence of the applicability of the practice, was inconceivable, especially when coupled as it is with recommendations to press back the os coccygis to make room; the principle of Smellie's usual conduct being to do as much as possible himself, and to leave very little to nature. Passing on to modern authors, he showed that Burns expresses his belief that the first stage of labor, or the complete obliteration of the os uteri, should be accomplished in a certain time; and that Dr. James Hamilton limited the time to twelve or fourteen hours of constantly-recurring pains, and recommended artificial dilatation by the fingers, if the complete opening of the os were likely to be delayed beyond that time. This brought us to a reason alleged, which could be fairly considered, viz., that danger necessarily accrues if the labor last many hours—over twenty-four hours for example, the term usually assigned to a natural labor. This doctrine he controverted in the following manner; allowing that Professor Simpson's analysis of Dr. Collins' tables shows, that danger to life does increase as the duration of labor is prolonged, he did not consider that danger of much moment, compared with the very great majority of perfectly natural labors of short duration; the question being rather whether dilatation by the finger does not produce as much injury as the prolongation of the labor would. He brought forward the following statistics; from Dr. Collins, that out of 15,850 labors of all kinds, the period of which was noted, 13,412 were over within 6 hours, 1672 additional within 12

hours, and only 766 were prolonged to the 24 hours, the total mortality being 158. Dr. Joseph Clark, of Dublin, attended at 3878 births in his private practice, and lost none from the effects of protracted labor; in his hospital practice he enumerates 9748 ordinary labors over within 24 hours, with 71 deaths, and only 183 similar cases prolonged beyond that time, 37 of whom died, but 49 had required craniotomy to be performed, the head being impacted. The author says, "We have, therefore, very strong reasons for being in no hurry to hasten the progress of labors, seeing how very large a majority terminate speedily, and how trifling the mortality is from the mere length of time occupied." Pressure by the fingers, it was shown, could not act on the os uteri like the bag of waters, or the head when moulded into a lengthened shape; there could be no reciprocal action between the force pressing upon the cervix, and the power of the uterine structure to endure the pressure. The accoucheur cannot tell by the mere motion of his finger what amount of space there is for the head to occupy, and he will seldom succeed in keeping up the lip of the os, except in the last moments of a protracted first stage of labor. Fissures of the os uteri in labor, with enlargement and ulceration, so called, of the cervix, were briefly alluded to: the causes of these post-parturient complaints being considered a want of tone in the uterine vessels, contraction not duly taking place after labor; or in other terms, there being a want of re-absorption of the enlarged uterine structure. The author considered that pressure on the os uteri in artificial dilatation must bruise the part and render it unable to resume perfectly its pristine condition; the os is treated as if not possessed of sensibility; the sensibility to external objects may be slight, but the distribution of nerves of the organic class is abundant, and they cannot fail to receive injury, and so impede the return of the part to a healthy condition. The necessity of bleeding and tartar emetic to overcome congestion, where pressure has been exerted or the os uteri pushed down before the head, was also briefly alluded to as an argument against using artificial pressure in ordinary cases. The author proceeded as follows:—"The temptation to endeavor to hasten a slow labor, where the patient resides at a distance, where the fee is small, and a sufficient income can only be got by incessant occupation among a number of patients, is too strong to be resisted; the smallest concession to the desire to afford manual assistance in some peculiar cases is certain to be extended to others, where necessities of the practitioner are so

many. We ought, therefore, to set our faces boldly against any proposals, the following of which is likely, almost certain I might say, to be injurious to the mother; then suggesting that the "passing the finger gradually around the os uteri" may produce its effect in a secondary way, by enabling the accoucheur to regulate the mother's expenditure of force upon her uterine organs, by observing whether her powers are equal to the task, and giving nourishment or medicine as required, he concluded thus—"I look upon labor as essentially a natural healthy process, yet verging upon disease; the accoucheur's business is to preserve health, not to promote disease; he may hasten a labor by interference, but the interference of dilatation of the os uteri by the finger ought not to be made, except there be that amount of pressure upon the anterior lip of the uterus, which would soon bring on congestion, if it were not moved out of the way."—*Ibid.*

6.—*Case in which Prune Juice and Orange-colored Sputa were present without Pneumonia.* By J. Wyatt Crane, M.D., Edinburgh Licentiate of the Royal College of Physicians, and formerly Physician to the St. George's and St. James's Dispensary, London.

No opinion in our profession has been so long and so universally received as, that the rustiness, or orange color of the sputa is, when present, pathognomonic of the existence of pneumonia. Valleix, one of the most guarded and accurate, as well as the most recent of systematic writers, says, p. 420, vol. I, 2nd edit. :—"Ces crachats excepte ceux qui sont colores en vert sont pathognomoniques de la pneumonie. Leur absence, il est vrai, ne prove pas absolument que cette maladie n'existe pas, mais leur presence en constate l'existence." I have, however, had a case under my care lately, where these colorations of the sputa have been present on several occasions, and in which, I am satisfied, both from the absence of the general and physical spmptoms of pneumonia, and from the frequency of the occurrence of the disease, its march, and its duration, that pneumonia did not exist. I trust, therefore, that the case may be considered of sufficient interest to prove my apology for laying it before your readers; and, as I conceive that the cause of the coloration of the sputa must be sought for in a pre-existing state of disease, it will be necessary for me to detail somewhat more minutely than might

otherwise be necessary, the state of the patient above a year previously to their occurrence, at which epoch I was consulted, in consequence of his finding that he could not walk a short distance without experiencing a feeling of distension and oppression at the præcordia, which compelled him to stop suddenly; and, as these symptoms were likewise accompanied by a loss of muscular power in the lower extremities, rendering it impossible for him to proceed, he was obliged to lay hold of the nearest object to prevent himself from falling; he described himself as suffering from no palpitation, inconvenience, or difficulty of progression, until the moment when the seizure occurred, which it did when he had walked about fifty yards, and that, in a few minutes, the oppression, &c., disappeared, until their sudden recurrence when he had walked about fifty yards further. His age was eighty-seven; notwithstanding, his bodily and mental powers were but little impaired, and were remarkably vigorous for his time of life; his appetite and digestion were good; he did not complain of palpitation of the heart, or pain anywhere, and when at rest, felt pretty well; the only complaint he made being a slight feeling of tightness at the epigastrium, of insufficient sleep, and occasional noises in the head, with a slight cough and spitting, principally in the morning; his general health had always been perfect. The pulse was 65, small, and intermittent, generally to the extent of about two intermissions in the minute; on percussion, I found the præcordial dulness a little extended, whilst, in all other parts of the chest, the sound was perfectly normal; on ascultation, an occasional mucous rattle was perceptible, the impulse of the heart was not increased, but a double bruit de soufflet, most clear in the region of the heart, and under the right clavicle, was perceptible in all parts of the chest. I inferred from the above symptoms, the existence of an affection of the valves of the heart, as well as a slight chronic bronchitis, and contented myself with absolutely prohibiting all muscular exertion, or violent emotions; enjoining the patient to take no exercise except in his carriage, and regulating the diet and alvine functions. With these precautions, which he strictly observed, no increase of the symptoms complained of took place, and there was no development of fresh ones, till my attendance was again requested in the middle of the night of the 10th October, 1851, when I found him laboring under the greatest oppression, with a loud wheezing and rattle perceptible at a distance from the bed on which he was lying, but from which he was almost immediately

obliged to rise, and sit upright on a chair, in consequence of a sense of impending suffocation. The respiration was exceedingly accelerated and laborious, there was considerable fever, and the pulse was 120. He complained of no pain, but constant cough and copious expectoration of a thin, glairy and frothy fluid, which in the course of two hours from his first seizure amounted to about a breakfast-cup full; and at this epoch began to assume a rusty color, and to become thicker and more scanty. An attentive examination of the chest detected no other abnormal sounds than the usual bruit de soufflet, almost masked by mucous and sonorous rattles. He had gone to bed perfectly well, and in about two hours afterwards, had experienced a difficulty of breathing and accelerated respiration, which he termed "a hurry;" this was succeeded by fever and rapidity of pulse, and this again in a short time by the wheezing and rattling in the chest—by the cough and frequent expectoration before specified. The symptoms were now at their acme, and the dyspnœa was so urgent, that he repeatedly stated his conviction that, unless he were relieved immediately, he would be suffocated. I prescribed two grains of tart. antim., to be taken in divided doses till vomiting ensued; after which he became so much easier that I was enabled to leave him. On visiting him four hours afterwards, at 10 a.m., in conjunction with a French physician who had been requested to meet me, I found him, to my great surprise, suffering from little dyspnœa, no fever, pulse only 80, with scarcely any cough. The sputa which had been expectorated into another cup were scanty, thick, viscid, and deeply colored, "jus de pruneaux," contrasting most remarkably with the contents of their first cup in their quantity, consistency and color. A minute examination of the chest detected no râle crepitant or dullness on percussion, and nothing abnormal, but a slight and occasional râle muqueux. Heart sounds as usual. The tartrate of antimony was ordered to be continued, and a blister applied. At our visit in the evening, the general symptoms were so much relieved, that but for the effects of the tartrate of antimony, he would have felt himself in his usual state of health. The sputa, however, were still deeply and universally colored "jus de pruneaux," and were very viscid. He passed a pretty good night, and the next day, 11th October, felt himself pretty well, pulse 76, skin cool, no dyspnœa, chest sounds as before, sputa still colored, but the quantity diminished. To continue the antimony, which, I should have stated, had not excited vomiting after the first morning.

On the 12th there was no change to note, except a diminution in the pulse to 70; sputa as before. On the 13th, 14th, and 15th, the coloration of the sputa, which was the only morbid symptom remaining, gradually diminished, until they became of the character of the usual morning expectoration,—yellowish, white, and translucent, but still so viscid that, on turning the cup upside down, they remained attached to the bottom, and at this period his health was completely restored to its usual state.

On the 20th of November I was again sent for, and found him laboring under an attack of precisely similar character to the previous one, having commenced in the night, in the same manner, and with the same succession in the order of the symptoms, attended, for about two hours, by frequent expectoration of the same copious thin, glairy, frothy fluid, becoming colored, as before, just as it passed into the thicker viscid and deeply-tinged prune-juice sputa; at which period, the dyspnœa fever began to diminish, and continued rapidly to do so, till, in about six hours, the general symptoms had almost completely disappeared; and, in four days more, the sputa had again regained their natural appearance. The treatment was the same as before, except that no blister was applied. The chest-sounds were as before; and no dulness, on percussion, or crepitous rattle, was perceptible at any time. Similar attacks occurred on the 5th December, 15th December, 29th December, 29th January, 13th February, 6th March, and 12th April; a few days after which the patient left Avranches to return to Ireland. They were of a similar character to the preceding ones, except that the sputa were, in all of them, of an orange color, instead of the dark *jus de pruneaux* which was only present in the two first; and each successive attack, also, was milder than the preceding one, not only with reference to the general symptoms, but also with respect to the coloration of the thick sputa, which gradually became less intense and of shorter duration.

As I have, I fear, already trespassed too much upon your valuable space, I shall only further state, very shortly, that on reflecting upon the peculiarities of the case, I considered that the symptoms were explicable on the supposition that the impediment to the circulation through the lungs, owing to the affection of the valves of the heart, gradually produced distension and obstruction of the capillaries short of the degree which would terminate in pulmonary apoplexy, and that this congestion was relieved by transudation of the serum of the

blood; thus accounting for the dyspnœa, etc., and for the first copious thin, frothy expectoration, as well as for the rapid mitigation of the oppression and fever, in proportion as the expectoration proceeded; and that the subsequent coloration of the sputa was due to the more gradual mixture of the coloring particles of the blood with the mucus which was expectorated daily in the chronic bronchitis that had existed previously. —*Ibid.*

7.—*Case of Reduction of Chronic inversion of the Uterus Under Chloroform.* By Geo. Caney, Esq. M.R.C.S. Fellow of the Royal Medical and Chirugical Society, and formerly House-Surgeon to University College Hospital London.

———, aged twenty-eight, a strong, healthy woman, was delivered, in the sitting posture, at the beginning of August, 1851, of her second child. After the birth, there was thought to be another child, but it proved to be an inverted womb, which was entirely extruded from the body. This was replaced, but severe pain and flooding continued, and for a week symptoms subsided, and at the end of a month she was able to sit up for half an hour at a time; but, during the whole of this period, she suffered from severe pain in her back from frequent floodings, and, in the intervals, from leucorrhœa. About the end of September the medical attendant was called in again, on account of the persistence of these symptoms, which were said to depend on weakness and a little prolapsion of the womb; but unfortunately no examination was made at this time. In about ten days she was finally abandoned by her medical attendant.

On the 5th of January, 1852, I was first requested to see her. I found her frightfully exhausted, perfectly blanched, face and limbs œdematous, and unable to walk across the room without assistance, on account of palpitation, breathlessness, and vertigo; she had constant pain in her back, weekly floodings, and constant leucorrhœa in the intervals.

On examination per vaginum, a sausage-shaped tumor about three and a half inches long, and about four and a half inche in circumference, was found projecting from the os uteri, th apex of the tumor resting on the point of the sacrum; it w not very sensitive, and quite smooth, except towards the c uteri, where it was rough, and the same uneven feel w

perceptible on the inner surface of the dense ring formed by the os uteri round the base of the tumor, beyond which ring the finger could not be passed.

The case was clearly one of chronic inversion of the uterus; and the attempt to reduce it under the influence of chloroform was determined upon, and put in practice the following day. The patient was laid on her right side diagonally across the bed, and the nates projecting over the edge of the bed, and the knees being well drawn up on the abdomen. The chloroform, the effects of which were carried to complete relaxation of the sphincters, was admirably administered by my friend Mr. Thwaites.

The fingers of the right hand, formed into a cone, with the back of the hand towards the back of the patient, were applied to the os externum; and as soon as the chloroform had been inhaled for a short time, the entire hand passed almost without resistance into the vagina. The tumor was now grasped between the fore and ring fingers, it was supported in front by the thumb, and the point of the middle finger was applied to the apex of the tumor; the hand, with the wrist extended, was carried up until the vagina was put fully on the stretch, and then, by slightly flexing the wrist, the tumor was gently pushed forwards and upwards in the direction of the axis of the brim of the pelvis. As soon as the patient came under the full anæsthetic influence of the chloroform, the tumor gradually receded until the whole of the middle finger was pretty firmly encased in the uterus; by a gentle rotatory motion, the finger was disengaged from the uterus, and the inversion successfully reduced; the whole operation, from the first inhalation of the chloroform, not occupying more than five or six minutes, and the force used being almost trifling. A week of quiet and mild nourishing diet greatly restored the patient, and eight weeks of quinine and steel freed her from her anæmic sufferings. Five weeks after the operation, the catamenia returned, and again at the end of a month. Since the operation, she has been perfectly free from pain, flooding, or leucorrhœa.

It was remarked, that, during the reduction, there was no sudden starting back of the tumor; it required to be pushed in upon itself until the lower half of the tumor was enclosed in the uterus, and then the finger was carried along the uterus until the re-inversion was complete; the apex of the tumor affording most resistance, and requiring, as it were, to be smoothed out with the point of the finger.

The absence of any rebounding was, I think, owing to the chloroform so completely relaxing the uterine fibres; the difficulty in unfolding the apex might be owing to some œdematous swelling of the part; but I think this was due to the effects of the chloroform having somewhat gone off, because the inhalation was discontinued as soon as the tumor began to recede, and, before I could get the apex smoothed out, I found the finger was sensibly grasped by the uterus; and this evident contraction of the uterine fibres ceased on giving more chloroform.

In addition to the case reported in your Journal of September 4th, I would also refer those of your subscribers who have not seen it to a case of successful reduction of an inverted uterus, by M. Valentin, reported in Ranking's Half-yearly Abstract for January to June, 1848.—*Ibid.*

9.—*Gallic Acid in Hæmoptysis.* By WILLIAM BAYES, M. D.

Mr. R., a gentlemen of bilious temperament and thin conformation, called upon me (professionally) on Sunday, the 6th of June. Before he had recovered from the fatigue of walking to my house, and while his wife was giving me a slight sketch of his ailments, he gave a painful evidence of his state by a fit of coughing, accompanied by some slight hæmoptysis, perhaps as much as two or three tablespoonfuls. After recovering him from the faintness which ensued, and quieting the mental anxiety and excitement which this induced, I sent him to his house (which was near at hand), with orders to be put to bed at once, and to be kept perfectly quiet. On following him to his house, I heard from his wife that he had been for years subject to attacks of (what they believed to be) bronchitis; that at this time he was threatened with jaundice; that four years since Dr. Ramadge had pronounced him incurably consumptive; that, not being satisfied with this opinion they had consulted Dr. Addison, who had reported the same; that their present London physician had, however, told them that it was merely bronchitis; that, after a severe attack, which had been accompanied by profuse expectoration, by night sweats, and by hectic fever, he had been advised to visit Brighton; that he had been in Brighton two weeks, and had apparently much improved,

when he imprudently had walked to the top of the Downs; that the fatigue attending this exertion had caused him to expectorate blood five or six times; that this had frightened them, and that they had continued their walk to my house, to ask whether it would be safe to return at once to London; and that the excitement attendant upon this last imprudence had produced the hæmoptysis before mentioned.

In the highly nervous and excitable condition in which I found Mr. R. (he had been shedding tears like an hysterical female), I did not deem it prudent to make a very lengthened or particular stethoscopical examination of the lungs, especially as the hæmoptysis had much diminished since he had assumed the recumbent position. I found, however, that they were extensively diseased, and that there was evidence of subacute inflammation in the lower and back part of the left lung. His skin and face were yellow, and dusky-looking; tongue deeply furred; breath very offensive; pulse 95, rather full, yet jerking and tremulous; skin felt harsh and rough; bowels confined, and for several months he had never had proper action from them, generally scarcely more passed daily than the size of two or three almonds; urine abundant, and he said "it smells quite beautiful, almost as good as a scent." On examination I found it diabetic, although in quantity it was not very much increased, probably not more than six or seven pints daily. The only pain he felt was a dull aching across the loins, and occasionally more severe at the lower and back portion of the left lung. The color of the expectoration was bright and florid.

I first ordered him a few grains of sulphate of magnesia and sulphuric acid, in infusion of roses, and in twenty-four hours, the hæmoptysis having almost ceased, I gave him three tablespoonfuls of lemon-juice, to be continued every two hours. Under this treatment all the symptoms of subacute inflammatory action subsided, the pulse diminished in frequency (to 68), the pain in the side disappeared, the tongue cleared itself, the night sweats became greatly decreased, and in three days ceased altogether. What most of all pleased me was, that the bowels acted freely, and the alvine secretions were well colored with bile. The patient himself seemed astonished with the change, saying, that his bowels had not acted so well or so comfortably for years. The urine, so far from increasing in quantity, diminished considerably, and Mr. R. was rapidly gaining strength, and apparently health, his skin losing its dusky yellow tinge, and becoming clear, and even slightly colored.

I do not ever remember to have seen so rapid a change for the better in six days, but, on the 12th of June, I was as much grieved as astonished to see my patient walk into my consulting room, leaning upon the arm of his wife. Before, however, I had time to express my displeasure, the poor gentleman sunk into my chair, and the hæmoptysis returned, worse than at the first. Every fifth or sixth inspiration brought on the cough, and every cough was followed by sputa of frothy florid blood. I was seriously alarmed for him, and as soon as possible had him conveyed home, and laid upon the sofa, with the strictest injuctions that he should neither be allowed to speak or to move. I ordered him five grains of gallic acid every second hour, and was pleased to see that the hæmoptysis gradually diminished. He probably had lost half a pint of blood between twelve o'clock at noon—when he called upon me, and nine at night, the intervals between each expectoration being, at the latter hour, about twenty minutes, and the color still florid, although somewhat less bright. At a quarter past eleven o'clock the same night I was summoned, hurriedly. In undressing the patient, the hæmorrhage had a third time recurred. His breathing was now hurried, every inspiration brought on a cough, and every cough brought up bright arterial-looking blood. He was becoming faint and livid-looking when I arrived, and I really was afraid lest he should have been suffocated. The air passing through the blood already in his throat produced a gurgling sound, which alarmed his wife, to whom it sounded like the "death rattle." I now took a drachm of gallic acid, put it into a six-ounce bottle, dissolved it in hot water, and added rather more than a tablespoonful of brandy. I cooled this mixture in some ice which was in the room, and gave Mr. R. a dessert spoonful of it every three minutes. The pulse, which could not be felt at the wrist, recovered slightly after the third dose. At the end of half an hour the face became less livid, and he seemed much revived; I, however, continued the gallic acid every five minutes until the end of the first hour, and afterwards every ten minutes until nearly two hours had elapsed, when, to my great joy, the expectoration became perfectly inky. After the first inky expectoration the breathing became greatly relieved, and the patient fell into a quiet doze. He had taken the first drachm of gallic acid in one hour and fifty minutes. I then mixed a second drachm, in the same manner as the first, and gave him a tablespoonful of the mixture at half-past one o'clock, after which

he fell asleep soundly; I then left him, with orders that the gallic acid should be given him, in five-grain doses, every hour, for six hours, while he was awake, or to be repeated every ten minutes, if the hæmoptysis were to recur. On calling next morning I found he had expectorated but twice, and the sputa were perfectly inky. I kept him under the influence of the gallic acid for three days, gradually diminishing the frequency of the dose. At the end of this time, as he had neither cough nor expectoration, I changed his medicine to the infusion of roses and sulphate of magnesia, and ordered him also to take five-drop doses of creasote, three times a day, upon sugar; he now went on steadily getting well. I found it rather difficult to prevent his committing indiscretions in exercise and in diet, and therefore curbed him a little, by giving him minute doses of tartarized antimony; and upon the 26th, or fourteen days after his severe attack, he was so far recovered, and had for some days borne exercise in the open air so well, that I allowed him to go home again to London, indeed for the last three days I could scarce persuade him that he was an invalid.

Perhaps one of the most satisfactory results of the large doses of gallic acid, was the entire disappearance of the diabetes, and the simultaneous reappearance of bile and sufficient stools. Another point worthy of notice was, that the patient weighed precisely the same upon the day he left Brighton as he had done one month previously.

There is yet a third point to which I would direct the attention of the reader,—that the dyspnœa was almost completely relieved as soon as the system was well saturated with the gallic acid. The difficulty of the breathing was no doubt caused by the gorged state of the vessels of the lungs, which was relieved by the powerful astringent acting upon them from within.—*Prov. Med. and Surg. Jour.*

9.—*Amputation of the Cervix Uteri.*

The following has been abridged from *Frankels Handworterbuch der Frauerkrankheiten*:—

The position of the patient for this operation is the same as that adopted in lithotomy. A bivalve speculum is to be introduced into the vagina, and then opened by pressure upon the handles. The advantage of this kind of speculum is,

that it surrounds the tumor better, reaches completely the upper portion of the vagina, and removes the circular folds which must otherwise obscure the mouth of the uterus. The cervix uteri is then to be cleaned with a sponge, or bits of charpie, or by an injection. A pair of Museux's forceps, with long blades, is to be introduced closed into the speculum, opened at the cervix uteri, and fastened upon it as high up as possible before and behind; the branches are then to be pressed together, that the teeth may enter as deep as possible, so as to secure the deeper as well as the superficial structures. By moderate, slow, and continued traction, the vaginal portion of the uterus is to be brought down with the hooks to the vulva. These tractions must be made gradually, and in the axis of the pelvis.. In order, however, that the uterus may be the better brought down and secured, and that every part of the os uteri may form an equal projection, the operator may place another hook either before or behind, or diagonally through the diameter of the vaginal portion, according as the first hooks were placed. Traction is made by all the hooks together for five minutes, or in case of necessity, for a quarter of an hour, until the uterus is sufficiently drawn forth. This part of the operation is the most painful to the patient. The pain and difficulty proceed from the resistance of the ligaments. The forefinger is now passed up to the circumference of the insertion of the vagina to the uterus, which is recognized by a kind of ring, beyond which an empty space is felt. Standing at the left of the patient, the operator gives the hooks to an experienced assistant placed in front of the pelvis, and carefully cleans the neck of the uterus; he then takes a curved knife, cutting by its concave edge, provided with a covering of linen up to about an inch from its buttoned extremity, brings the edge of the instrument, guided by the forefinger of the left hand, under the os uteri, which is to be lifted a little upwards by the assistant, so as to expose more completely its posterior surface, after which he measures with this finger, the inner surface of which is to be applied to the patient, the height at which the cut is to be made. The knife rests upon the finger, and is directed by it as it is carried on, taking it for a point of support, whilst the assistant lets go the hook by degrees, so that the other points of the cervix are by turns to be drawn forth. The incision must be made slowly, and by short cuts, so that the labia may not be wounded, no unequal wound be made, and especially that the unequal prolongation of the degeneration does not give occasion to an irregular incision.

If the neck of the uterus be too large to be included within a speculum, so that this instrument cannot be used, the finger must be introduced into the vagina, and guided by it, a single hook passed into the cervix or some part of the tumor sufficiently firm to hold it.

Sometimes the cervix is not indeed very large, but soft, fungoid, and bleeds upon the slightest touch. Here the speculum is at least useless, for the os uteri would be shut out from the view by the bleeding, and no washing or injection would prevent it. In such a case it is better to apply a hook to the cervix uteri introduced upon the forefinger of the left hand. Yet it might be possible to use a bivalvular speculum, by opening it carefully, and before touching the tumor with it, so letting this fall in between the blades, and then applying the hooks.

If the vaginal portion of the uterus is too soft, and the ulceration has already made considerable progress, so that the hooks cannot seize any sound, or sufficiently sound part, they tear the tumor during traction, and bring away a portion of it with them, it is then often impossible with them to bring down the neck of the uterus out of the vagina; and the difficulty will be increased if there be want of laxity of the ligaments, if the swelling be of unusual size, and there be narrowness of the parts. In the latter case Lisfranc does not hesitate to make room by an incision in the pudenda, in order to judge of the extent of the evil, and to bring the uterus through the external parts. Should it not be possible to draw down the neck of the uterus, the operation must be performed in its natural situation; for it would be attended with considerable difficulty and danger to introduce an instrument, invented by Guillon, through the os into the cavity of the uterus, which takes hold of the diseased parts from within, so as to make the internal surface of the organ the point of support in drawing the uterus down. It is clear that, with such an instrument, laceration and contusion must be occasioned, which it is the duty of the physician to avoid.

It is certainly a better plan to introduce a speculum, include the tumor within its blades, and then cut this off with an instrument. This may be done, either with Dupuytren's knife, or with one of two instruments invented by Hatin and Colombat, which cut the cervix uteri in a circle. Or better still, with a pair of curved scissors, especially recommended by Teallin; or his steel ring, which has an annular edge, and is fastened upon two branches, a cross bar, or a wide yielding

circle, because parts can be removed by them which must be left by almost any other instrument. It is to be remarked that most of these instruments, which are all very complicated and difficult to handle, have the great objection that they cut off the diseased parts by a straight incision, whilst the disease itself has generally made a very uneven progress. The cut made with them almost always, in one part, goes beyond the parts necessary to be removed, and in another leaves a portion of the cancer behind. The simple blunt bistoury, for one who is tolerably accustomed to use it, is sufficient for performing the operation. It is to be carried either upon the finger or through the speculum to the cervix uteri. Whichever instrument is made use of, the rule always is to remove all parts that are affected by the disease. Lisfranc had the idea of performing the operation by two half-moon-shaped incisions, which met together, their great diameter being from before backwards. He then cut out a conical piece in the thickness of the organ, whose apex was above. By this plan he asserts that he met with very good success. The ill consequences which may arise from the operation are, hæmorrhage, metritis, and peritonitis, and various nervous affections. Hæmorrhage is the one most to be feared; yet this is seldom so violent as to require special treatment. Even when it does occur profusely we are not to take alarm immediately, for it empties the uterine vessels, and prevents inflammation. Should it meanwhile be really too profuse, and continue too long, it is to be stayed by injections of cold water and vinegar, or by a small hot iron. By using the speculum, the operator will be able to discover the place whence the blood proceeds, and to apply the cautery in the right situation. Should these means fail, the *tampon* may lastly be had recourse to. It is often sufficient to introduce the *tampon* into the vulva and a little way into the vagina. After a few hours it can be withdrawn, and the bleeding will have ceased; but if it be not so, a fresh one is to be applied. But we should never be too much in a hurry to stop the hæmorrhage; for if stopped too quickly, inflammation may be the consequence, whereas this is prevented by an opposite course. When the *tampon* has been again removed, injections into the vagina are to be made use of, in order to remove the coagulated blood and serous and purulent matter collected there.

Inflammation of the uterus and peritoneum is upon the whole, less to be expected when the bleeding has been free. Should it occur, however, it is to be treated in the same man-

ner as any other traumatic inflammation. If the uterus be especially attacked, small, frequently-repeated bleedings from the arm are to be preferred to local bleedings. In inflammation of the peritoneum, on the contrary, local bleedings from the groin and abdomen are the most advantageous.

Shortly after the operation, Teallier sometimes met with very severe nervous affection, such as dyspnœa, convulsions, vomiting, &c. Still these accidents are always only sympathetic, and occasioned by the commotion of the nerves during the operation, which communicates itself to other nerves, and they quickly leave again when these have recovered. Composing and antispasmodic medicines are here of use.

By amputation of the cervix uteri, we substitute for an unhealthy and disorganizing wound a simple one that may heal. The discharge of unhealthy matter stops at once, and a fluid suppuration is set up, such as takes place in all simple wounds. After superficial ulcerations, healing rapidly takes place; after the amputation, it does not go on so quickly, and the healing shows itself then by the formation of a cuticle, which covers the whole wound, and requires a longer time in order to become organized.

The cicatrix, subsequent to amputation of the cervix uteri, is at first very red, then it becomes white, and finally assumes the color of the surrounding structure. This cicatrix may obliterate the orifice of the uterus, of which Lisfranc gives an example. This condition, however, does not prevent the flow of the menses, but only renders their escape difficult, producing symptoms of metritis. The menstrual fluid does not, therefore, collect in the uterus, but flows through the surface of the vagina. The obliteration may be prevented by the frequent introduction of the sound into the diminished orifice of the uterus.

In this way the healing of the incision is accomplished in the same manner as in other simple wounds. If pain and a tendency to inflammation be present, the healing will be promoted by emollient injections; if, on the contrary, it takes place too slowly, or the granulations are weak, a chlorine lotion will be useful; if the granulations arise too rapidly, they may be stopped by nitrate of silver. We may then use a dressing of charpie spread with emollient ointment, or soaked in emollient or narcotic decoction, and applied by means of a speculum to the wound.

Congestions of blood, to which the uterus is periodically subject when the critical period is not passed, exert an unfa-

vorable influence upon the healing of the wound; and when they are considerable, and the organ has a tendency to inflame, we must bleed from the arm as soon as signs of inflammation show themselves, and the time for menstruation approaches. By this means the healing will be accelerated.

During the first period after the operation we may find the wound, to our comfort, putting on a healthy appearance and inclination to heal. Yet, in the midst of the most favorable expectations, interruptions to the well-doing of the patient may occur, which one is inclined to artribute to this or that innocent circumstance—slight shiverings, followed by feverish symptoms; loss of appetite, or some difficulty of digestion; passing pain in the wound. The discharge becomes more serous and somewhat offensive. On examining the wound, one or more ill-looking spots are discovered, which contrast in color with the red of the neighboring structures. These points are soft, and one fancies they arise from the purulent matter; but they remain even after they have been washed. They are the commencement of a relapse. They make rapid progress, and soon destroy all hope of a cure. We must hasten to apply the cautery as deeply as possible, and the cauterization must be frequently repeated. Moreover, the part must be dressed with the chlorides, with opiate ointment, or with salves containing extractum ciccutæ, belladonna, hyosciamus, with creasote, or Recamier's tincture. All causes which can be unfavorable to recovery are to be avoided; and if we succeed in putting a stop to the disease, and establishing a complete cure, the same watchfulness is to be continued to prevent another relapse. But unfortunately, in most cases the greatest activity and circumspection can do nothing more. The disease begins its course again, affects the neighboring surfaces, spreads to the adjoining organs, induces hectic fever, and the patient quickly dies.—*Ibid.*

10.—*How they treat Scarlatina in Edinburgh.* Dr. Bennett's cases.

Case 1.—Mary Frazer, æt. 9, was admitted on the 19th of November 1851. On the 17th inst. she was attacked with rigors, followed by nausea, great thirst, hot skin, and qu i pulse; and on the 18th, a moderate scarlatina eruption a peared upon the skin; it is best marked upon the arms. T eyes are considerably suffused, and the skin very hot; t

pulse is 140; breathing difficult, tongue furred, and considerable pain on deglution; the tonsils are enlarged, as also the submaxillary glands, to a slight extent; there is great nausea, with occasional vomiting. *Four leeches to be applied over larynx.* ℞.—*Pulv. Doveri*, gr. iv.; *Pulv. Jacobi*, gr. ij.; *M. Sumat* i. *tertia q. q. hora.* November 20th.—Pain in throat diminished; pulse 130. *A blister, two inches by three, to be applied to the throat.* ℞.—*Aquæ Acet. Ammon.*, ʒij.; *Tinct. Opii.*, ʒss.; *Aquæ*, ʒij. *M. Sumat*, ʒj. *secunda q. q. hora. To continue the powders;* November 23d.—Febrile symptoms increased. *To substitute a mixture containing a little antimony and morphia for that ordered on the 20th.* November 26th.—Eruption is gone, skin is cool, and there is no feverishness. *To discontinue the antimony.* Continued gradually to improve, and was dismissed cured on the 13th of December.

Case 2.—Mary Clark, æt. 17, servant, admitted December 20th, 1851. On the afternoon of the 17th her throat became sore, and in the evening she was attacked with rigors, followed by pain in the head and back, and other febrile symptoms. Last night she first observed a red rash upon her chest and arms; this is of a reddish-brown color, and resembles the ordinary eruption of scarlatina; it disappears upon pressure. Pulse 126 and feeble; fauces, tonsils, and back of pharynx red and congested; has great thirst and anorexia; tongue moist, with a white fur in middle, through which the red papillæ project; bowels costive; urine, sp. gr. 1030, contains no albumen,—a deposit takes place, containing epithelium scales and crystals of triple phosphate. ℞.—*Tinct. Hyoscy.*, ʒss.; *Liq. Ammon. Acet et Aquæ puræ aa* ʒiij. *M.* ʒj. *tertia q. q. hora.* December 22d.—Rash disappeared from arms, still visible on the chest; pulse 86 and soft; less pain in the throat, but fauces and palate are still congested. December 24th.—Convalescent, and she was dismissed on the 27th December cured.

Case 3.—Isabella Husketh, æt. 22, a woman of abandoned character, and addicted to intemperance, was admitted 19th December 1851, in a state of high delirium. It was ascertained that, on the 14th, she had been seized with rigors, followed by great debility, catarrh, and general febrile symptoms. On the following day an eruption appeared on her skin. On admission, she is in a state of violent delirium, and obliged to be tied down in bed. Her eyes are suffused, and very sensitive to light; pulse 120; tongue dry and parched, florid-red

poison from the system. As ordinary diaphoretics frequently fail, he has recourse to the following method :—Several common beer bottles, containing very hot water, are placed in long worsted stockings, or long narrow flannel bags, wrung out of water as hot as can be borne. These are to be laid along side the patient, but not in contact with the skin. One on each side, and one between the legs, will generally be sufficient; but more may be used if deemed necessary. The patient is to lie between the blankets (the head of course being outside) during the application of the bottles, and for several hours afterwards. It the course of from ten minutes to half an hour, the patient is thrown into a most profuse perspiration, when the stockings may be removed. In mild cases, the effect is easily kept up by means of draughts of cold water, and if necessary, by the use of two drachm-doses of sp. mindereri every two hours. In severe cases, where the pulse is very rapid—the beats running into each other—where the eruption is either absent or only partial, or of a dusky purplish hue—where the surface is cold—where there is sickness or tendency to diarrhœa—where the throat is apthous or ulcerated, and the cervical glands swollen, then he follows up the use of the vapor-bath by four or five grain-doses of carbonate of ammonia, repeated every three or four hours. Should this be vomited, then brandy may be given in doses proportioned to the age of the patients. Carbonate of ammonia he considers to act beneficially : 1st, by supporting the powers of life; 2d, by assisting in the development of the eruption ; and, 3d, by acting on the skin and kidneys. Where the vapor-bath was used early in the disease, and its use continued daily, or even twice or thrice a-day, according to circumstances, he has found that the chance of severe sore throat was greatly obviated. In regard to supervening dropsy, he consider that by the use of the vapor bath, with the other necessary precautions as to exposure, diet, etc., its recurrence is rendered much more rare. In the treatment of the dropsical cases, it was also very useful, and even might be trusted to entirely in some cases. Dr. Wood also condemns all depleting treatment, and even purgatives, during the first ten days, as not only not required, but positively dangerous, as tending to interfere with the development of the eruption. In the late stages, as well as in the dropsy, however, he thinks purgatives are often beneficial.

The general plan of this treatment appears to be so far rational that its object is to hurry forward the disease by applying damp heat to the skin, and by thus assisting nature to

make her operations more perfect than they might otherwise be. In other words, by rendering the febrile eruption more complete, diminish the risk of its leaving behind it a tendency to subsequent disease. Whether this plan as a whole will, in practice, prove more extensively beneficial than any other, can only be determined by an extensive trial and careful comparison of the results. I propose, however, to try it in the next case which enters the wards.

Case 4.—Margaret Welsh, æt. 18. Admitted 2d July. She is a servant girl, who has always enjoyed good health until June, 29th, 1852, when she experienced distinct rigors, followed by sore throat and febrile symptoms. She admits having called previously on a family in which the disease existed. On the evening of the 30th, a bright red rash appeared on the skin, and has continued ever since. On admission, the scarlatinal eruption is well characterised on the chest and arms. The skin is hot; pulse full, hard, and 132 in the minute. Tongue furred, with elongated red papillæ projecting through the white crust; great difficulty in deglutition; throat sore; tonsils and mucous membrane of pharynx swollen and red. There are also cephalalgia, slight deafness, and restlessness at night. Respiratory functions normal; urine healthy; catamenia regular. She was ordered by the resident clerk eight leeches to the head, a saline antimonial mixture, and eight grains of Dover's powder. On first seeing her the following day, 3d July, I found her in much the same condition as is described in the previous report; the skin still being hot and dry, and the eruption very vivid on the chest and arms. Hot bottles were ordered to be applied, encased in worsted stockings wrung out of hot water, as recommended by Dr. Andrew Wood. July 4th.—A slight perspiration followed the use of the vapor-bath last night. To-day, the rash has partly disappeared from the arms, but is now present on the legs as well as chest. Pulse 130, small; urine not coagulable. *An astringent gargle for the throat—the vapor-bath to be again applied.* July 5th.—Profuse perspiration resulted last night from the use of the vapor-bath. To-day the rash has entirely disappeared; but there is great tenderness of the skin and in the joints on motion. July 9th.—Has continued much in the same condition, but to-day the appetite has somewhat returned, and she has eaten a good breakfast. Her joints are swollen, and there is considerable pain on moving them. Desquamation commencing; throat ulcerated, and to be touched with a weak dilution of nitric acid; pulse 84, soft; ℥iv. *of wine*

daily. July 26th.—Since last report has been slowly gaining strength, but is still far from well. The urine has been carefully examined daily, and has never presented coagulability on the addition of heat or nitric acid. To-day a distinct blowing murmur was discovered with the first sound of the heart, loudest at the base, and propagated along the vessels of the neck; pulse 76, of good strength. August 4th.—Went out a little to-day, and in the evening the feet commenced to swell. August 6th.—Swelling of feet increased. *To have a squill and digitalis pill three times a day.* August 9th.—Œdema of feet continues; urine healthy. *Venesectio ad ℥viij.* August 11th.—Œdema of feet disappeared. This morning had a rigor. *Was ordered an emetic.* August 12th.—To-day is feverish, with great thirst and heat of skin; pulse 128, strong. *A saline mixture ordered.* August 17th.—Febrile symptoms continue, wi'h tenderness over epigastrium; and *eight leeches* were ordered to be applied there. The cardiac dullness is extended. No friction, but a blowing murmur as formerly noticed at the base of heart; respiration somewhat embarrassed. August 20th.—Respiration normal; no tenderness over epigastrium; pulse 100, regular, and soft. The urine all this time has been tested daily, but has never been coagulable. To-day, however, a deposit existed in the urine, and several casts of the tubuli uriniferi may be observed in it with a microscope. September 7th.—Since last report she has been convalescent, and all her symptoms have gradually disappeared. The blowing murmur over base of heart is still present, but not so loud, and the increased dullness has disappeared. Dismissed.

Commentary.—On a former occasion I told you that I should try the diaphoretic plan of treatment recommended by Dr. Andrew Wood, in the next case that entered the ward; and accordingly it was followed in the one I have just detailed. On the first occasion the vapor-bath produced little effect, but on the second copious diaphoresis was induced. Yet it so happens that the disease, instead of being shortened or rendered milder, was unusually prolonged, and was followed by rheumatism, dropsy of the inferior extremities, and by pericardial effusion. The febrile symptoms terminated by critical deposition in the urine so late as the fifty-second day. Although admitted June 29, she was not strong enough to be dismissed from the Infirmary until September 7th. This was certainly an unfortunate case to commence the trial of a new treatment with; and yet observe, the girl had been always

healthy, and there was nothing to indicate at the commencement that the sequelæ would be so severe or so prolonged. It would be absurd, however to suppose that we can test the value of any kind of treatment by one case. I only give you the facts as I find them. I shall certainly continue the practice until I am satisfied either that it is really beneficial: or, on the other hand, no better than the simple treatment formerly pursued.

It has frequently been observed, that the urine in scarlatina, especially when dropsy supervenes, becomes albuminous. Dr. James W. Begbie, who has tested the urine in a considerable number of cases of this disease, considers its presence almost uniform. Aware of what he has written on this subject, I gave directions to the clinical clerk to test the urine daily, which was done during the whole time the patient was in the house. The result was, that on no one single occasion was the urine in the slightest degree albuminous. Even on the day when a slight deposit appeared, which was made up of casts and epithelium of the tubes, the report says, "No albumen in the urine when tested by heat and nitric acid." This coagulability of the urine, as well as various deposits which appear in it on critical days, must be considered as an evidence of the excretion of the morbid products which have circulated in the blood. Hence it is common, not only in scarlatina, but in all inflammatory affections, as well as fevers. This point you must have seen me very observant of in watching for the resolution of inflammations and fever at the bedside. For the theory of its occurrence, I must refer you to my "Treatise on Inflammation," p. 65, and to a former lecture on "Exudation,"—"Monthly Journal," Feb. 1850, p. 161. It sometimes happens, however, that the critical discharge is comparatively slight, and that the organic elements are not dissolved so as to constitute fluid albumen. This appears to have occurred in the present case, for whilst morphological evidence of the crisis existed in the urine, in the form of cells and casts, it is distinctly stated no albumen could be detected by heat and nitric acid. Yet the girl's convalescence commenced from that day.—*Monthly Jour. Med. Science.*

11.—*The Poison of the Toad.*

MM. Gratiolet and S. Cloez, by inoculating various animals with the cutaneous poison of toads and salamanders, have demonstrated that the substances in question are endow-

ed with well-marked and exceedingly dangerous qualities. The first experiment of these gentlemen was prosecuted on a little African tortoise, which was inoculated with some of the toad poison in one of its hinder feet; paralysis of the limb supervened, and still existed at the expiration of eight months, thus demonstrating the possibility of local poisoning by the agent. In order to determine whether the poisonous material spoiled by keeping, the two gentlemen procured about 29 grains of the poison, on the 25th of April, 1851, and, having placed it aside until the 16th of March, 1852, they inoculated a goldfinch with a little of this material. The bird almost immediately died. Subsequently the investigators succeeded in eliminating the poisonous principle from the inert matters with which it is associated in the skin pustules, and they found that, when thus purified, its effects are greatly more intense than before. Like most of the known very strong organic poisons, the active principle of toad venom is alkaline in its character, almost insoluble in water, slightly soluble in ether, and very soluble in alcohol. MM. Gratiolet and S. Cloez are at this time occupied in collecting a large amount of toad venom, and will shortly make known the result of their further investigations.—*London Med. Times and Gaz.*

12.—*New Mode of administering Iodine.*

Mr. Hanson has suggested, that when Iodine is to be applied to a local tumor, as to a goitre, it should not be rubbed in at once,—a practice which often irritates the skin excessively,—but that it should be placed between two layers of cotton wool, sewed in a bag, and tied directly over the part. The vapor of the Iodine rapidly penetrates through the bag, and stains both the skin and the linen. To prevent this, a thin sheet of gutta percha or gummed silk is placed over the bag. It is indispensable to put the Iodine between two layers of wadding; if placed merely in a bag, it passes through and blisters the skin like ammonia. Applied in this way, Iodine enters the system with great rapidity, and appears in all the excretions.—*Presse Medicale.*

PART IV.

AMERICAN SUMMARY.

1.—*Alcohol as a Remedy for the Poison of a Rattlesnake.* By Harvey Lindsly, M. D. of Washington, D. C.

I have recently seen a paragraph in several newspapers, giving an account of two or three boys who were bitten by a venomous snake, and were relieved by drinking freely of brandy or whisky. This reminded me of a similar striking case, which came under my own observation, in this city, about two years since, which I have hitherto neglected to bring to the notice of the profession. It involves a question, however, of such great practical importance, that it seems to be the duty of every physician to make public all facts of which he may be cognizant, that have any bearing on the subject.

If alcohol really be a remedy, as these cases seem to prove, for the poison of the rattlesnake and other venomous snakes, (and possibly of all poisonous reptiles), its general adoption in practice would be the means of saving annually a great many valuable lives. It is a remedy always at hand, and one which the most ignorant can readily administer. A short time since, a physician in New York, of high standing, though attended by medical men of eminence, lost his life from the bite of a rattlesnake.

In the autumn of 1850, a carriage drove up to my door about eight o'clock in the evening, containing four or five men, one of whom requested me to come out and see a patient they had brought for me to examine. I found him fast asleep, and, as they informed me, in a state of stupid intoxication. They said that about an hour and a half or two hours before, this man was exhibiting to his fellow-soldiers, at the U. S. arsenal in this city, a rattlesnake which he had brought with him from Florida, when the animal suddenly thrust

his head out from the box in which he was kept and bit the man in the hand. The occurrence immediately gave rise to great confusion and alarm; and the surgeon living some two and a half miles from the post, they were at a loss to know what to do. It was soon decided, however, that they should go to the nearest grocery and try the effects of alcohol. They accordingly gave him a large quantity of brandy, more than a pint, as they informed me. They then placed him in a carriage and brought him to my house. Upon examination, I found him so thoroughly intoxicated, that it was impossible to rouse him; and thinking that they had already adopted the best possible remedy for the case, I directed them to take the man to his quarters again and send for the surgeon of the post, who might resort to such local treatment as he thought best. I did not see the man again, but was informed afterwards, that though very ill that night from the effects of the large quantity of brandy he had taken, he did not then or subsequently suffer in any way from the bite of the rattle-snake. Have any of your readers, Mr. Editor, met with a similar case?—*Stethoscope.*

2.—*Ferricyanuret of Iron, in Intermittent and Remittent Fevers.* By Augustus Webb, M. D. of Fayette, Co. Tennessee.

I was lead to the use of the above article on account of the scarcity of that great remedy in those diseases: namely, Quinine. I do not pretend to say that it is superior, or even equal to that remedy; for I believe that quinine comes as near being a specific as any medicine with which I am acquainted; but in the absence of the *specific*, I have been forced to resort to something else, and that article is, pure Prussian Blue. I believe the attention of the profession was first called to it, in the treatment of intermittent and remittent fever, by Dr. Zollicoffer, of Maryland; but whether it has attracted much attention since, I do not know; but I do know it is a scarce article in the shops of physicians generally, which circumstance has called forth these remarks. I am certain I never should have used it had it not been for the want of something better. I have used it in a number of cases in the last few months with the happiest effects. I generally commence with 4 grs., repeated every five hours, gradually increasing the dose until some cognizable effect is produced.

I know there are other substitutes for the great remedy recommended in the treatment of these fevers; but nearly all of them have their objections, and I conceive there are as few to this as any other.

Arsenic, for instance, is one of the objectionables, for if a practitioner were to propose it in the treatment of an intermittent, he would certainly seal his fate, at least in a majority of cases, for arsenic has been used so long as a poison that the public have a holy horror of it, and associate it alone with the destruction of rats, and not their own dear selves. Prussian blue has the advantage of being new, at least to the people, if not to the profession, and even this goes a long ways, for every one must admit that the public mind gets tired of old things and desires something new. How often is it said of the practitioner after he has visited the patient, "I knew he would give me quinine before I sent for him?"

It has some real advantages over quinine, being entirely tasteless, which makes it peculiarly applicable to children; and it is also tolerated by the most irritable stomach. Every one must admit, who has ever treated fever to any extent, that he has met with cases in which quinine was inadmissable owing to its disagreeing with the stomach. It has also another advantage over quinine, in so far that it is admissible in the state of pyrexia. It has been used in the treatment of other diseases by physicians with success, but in these I have no experience with it.

In conclusion, I do not wish to be understood as relying exclusively on it, to the exclusion of quinine in all cases of the above mentioned fevers; but on the contrary, would be at as much loss without quinine in the treatment of congestive forms of the disease, as a mariner would be without his compass on the bosom of the ocean.—*Nashville Journal of Med. and Surg.*

3.—*A case of Convulsions, successfully treated with Chloroform.* By Geo. Engelmann, M.D., of St. Louis.

(Read before the St. Louis Medical Society.)

About noon on June 11th, I was called to see Elizabeth F. who had just been taken with convulsions. I found a fair and blonde healthy looking, though rather slender girl, seven years old. With the exception of scarlet fever and measles,

through which she had passed four and two years ago, she had never been sick, as I was informed, and never had convulsions before. She had been waked up early that morning, to take a ride with her parents. It was one of those cool, almost chilly mornings, which we so frequently had in June last; and she, sleeping in a warm bed and perspiring freely, may have been affected by the change of temperature.

During the ride she was silent and dull, complaining of chillness and vomiting her breakfast—(coffee and bread.) Coming home she went to bed, as she felt sick; after a while she was observed to look wild and not to answer questions, and while her parents were busy about her, she fell into spasms. I was immediately sent for and found her as above stated, in convulsions and quite unconscious. The spasms were almost entirely confined to the left side, from the face down to the foot, the pupils of the eyes were equally contracted and immoveable, deglutition impossible; the pulse small, contracted, from 130 to 140, but regular, and the surface cold and dry.

Sinapisms were applied to the epigastrium and the extremities; aperient injections, eight or ten times repeated, brought away a large quantity of fæcal water. No abatement of symptoms taking place, the patient was put in a warm mustard bath. The surface now got warm and began to perspire profusely; her head became so warm that ice had to be applied; the pulse remained almost as small and contracted as before, but gradually became somewhat irregular, the convulsions appeared to increase in violence. Asafœtida and musk were repeatedly injected, without the least ostensible benefit. The child had now been in convulsions for full two hours, without any intermission. It was evident that the violent irritation of the nervous system, in a short time would end in its paralysis, and in death, if not allayed. How avert this issue? Leeches were spoken of. But just as venesection in sunstroke, and many other cases in adults, so is leeching of the head in convulsions or comatose affections of children. Very frequently resorted to, only because we do not know anything better to do. I had never seen in these cases, any benefit derived from depletion, unless a state of congestion was the original cause of the convulsions; and in the present case no symptoms indicated such a state of things. I have, on the contrary, very little doubt that in these cases, depletion often accelerates the fatal issue. Leeches, therefore, were often out of the question. But what else do: unless the ner-

vous irritation could be subdued, the child must die. I could have resorted to opiates introduced into the system per anum, as I had done with complete success in a similar case, several years ago; but it occurred to me that modern science had furnished a safer and more potent sedative in the chloroform. With the concurrence of Dr. Wislizenus, whom I had called in, I therefore, administered chloroform: at first, externally over the epigastrium, but as no effect was visible, 15 or 20 drops on a handkerchief were applied to the mouth and nostrils. The pulse immediately became fuller and more regular, the convulsions slightly diminished. Encouraged by this partial success, the dose was repeated, and after the third application the convulsions ceased entirely, the pulse was reduced to about 100, the pupils dilated, and the child appeared to lie in a deep and healthy sleep. In this state she remained for more than one hour, when she gave signs of returning consciousness; but she remained in a sort of stupor for several hours more. In the evening she had entirely rallied, she slept pretty quietly that night, and felt next morning nothing but a considerable fatigue, and a slight headache; the tongue was slightly coated, the pulse hardly accelerated. Supposing that the whole attack might possibly have been a violent paroxysm of intermittent fever, ten grains of quinine were administered. The child got well without any further trouble.

Since then I have learned through the pages of the St. Louis Medical Journal., that in Edinburgh chloroform has been recommended in infantile convulsions. The practice is, no doubt, very commendable, but only after all the other remedial agents, (intended to act on the secretions and on an equalization of the nervous action,) such as sinapisms, mustard-baths, injections have been used, but never I should think, before their exhibition. In cases of actual congestion to the brain, depletion ought to precede the administration of chloroform.—*St. Louis Med. and Surgical Journal.*

4.—*The Properties and Mode of Administration of the Veratrum Viride.* By Isaac Branch, M.D., Abbeville C. H., S. C.

I feel bound, not only from a sense of duty, but as a "truly conscientious physician, who holds himself accountable not merely at the bar of public opinion, but at the bar of God, for

all of his professional, as well as his other deeds," to enter the list in defence of an article of the materia medica which received the unqualified denunciation of Dr. E. M. Pendleton, in the May number of your Journal.

For the professional, as well as religious character of Dr. Pendleton, (although I have never had the honor of a personal acquaintance with him,) I entertain the highest regard. I take a pleasure in hailing him as a brother, not only in the medical profession but in the church of *our* choice, and I am only surprised that he should have predicated an opinion, without any sort of qualification, in regard to a very important remedial agent, from its use in a *single* case, and even in *that* case, after the administration of but *two* doses. I have been in the habit of using the *veratrum viride* for months in succession, in pneumonia as well as in typhoid fever, in doses varying from three to twelve drops of the saturated tincture, made in accordance with the formula of Dr. Norwood, and I not only consider it as a perfectly safe remedy, but as one of the most valuable discoveries of this or any other age; and I will add that I think that Dr. Norwood is entitled to very great credit, not for its discovery, for it has been before the medical profession time out of mind, but for *minutely* investigating its medicinal properties. Whether he is adopting the best and wisest course to sustain himself and the reputation of the article, is another question.

I do not believe that the train of symptoms enumerated by Dr. Pendleton, in the case of his patient, were produced by the two doses of the *veratrum*. In my opinion, she became "moribund" from other causes, and that it was not until the "sinking powers" were aroused, by the very judicious use of stimulants, both external and internal, that the *veratrum viride* began to act. Again: eight drops of the saturated tincture is entirely too much for a minimum dose. I never prescribe at first more than six drops—seldom more than four—until I arrive at the susceptibility of my patient, and increase a drop at every subsequent dose, until the wished for effect is produced, to wit: a cool surface, a pulse reduced to the desired standard as to frequency, but never diminished in volume, strength, or any other necessary quality, and here I hold it "firm and fast," with more or less of the article, for a few days, which generally breaks up the case. It may be well to remark, however, that I never give the *veratrum* alone. I always conjoin opiates or stimulants, sometimes both. The opiate which I prefer is paregoric, and of this I usually give

a teaspoonful—occasionally two—to an athletic adult, with each dose. If a stimulant is desired, brandy is the article usually selected. I sponge the surface with cold water, use the shower bath, blister, or give alteratives, as circumstances require. When used in this way, and *strictly* guarded by these agents, the *veratrum viride* is as safe a remedy as paregoric or sptrits of nitre.

But I am asked why it is that I do not believe that the patient of Dr. Pendleton became "moribund" from the use of the *veratrum viride?* I answer:—I have given the article freely and constantly, for upwards of twelve months, and I have never known it to produce "excruciating pain in the precordia, with a sense of suffocation and sinking at the stomach, with cramps throughout the muscular system, which assumed a periodical character." I admit with all candor, however, that all of the symptoms detailed by Dr. Pendleton *may* have been produced by the article in question; but if they were, there was some peculiar idiosynocrasy connected with the case, which assisted in bringing about the condition so graphically described. At all events, he gave too much. Even the first dose, which was "poured out with his own hands," was too large for a female; and as the subsequent dose was poured out by another hand, the Doctor cannot know how much was given—tbere may have been eight drops, and there may have been eighteen. If Dr. Pendleton had found his patient with an uncontrollably sick stomach, with almost incessant vomiting—if the matter ejected had been a thick, tenacious, glairy mucus—if the surface had been preternaturally cold, and covered with free perspiration, and *if the pulse had been infrequent, say from* 40 *to* 60 *in a minute*, but round, distinct and comparatively full, then I could very easily believe that more of the *veratrum* had been given than the susceptibility of the patient would tolerate.

I have no doubt that Dr. Pendleton is perfectly sincere and conscientious in the conclusions to which he has come, in regard to the *veratrum viride;* but I trust that his prejudices are not so deep-rooted as to preclude farther investigation. I really hope that he may be induced to give it a more extended trial, and I promise him greater success with it.

I have read this brief article to Dr. D. M. Bass, who is, and has been for some years psat, my associate in the practice of medicine, and whose experience in the use of the *veratrum viride* is certainly equal to mine, and I am authorized to say hat he endorses every word I have written.

In conclusion, you will permit me to ray that my motive is not controversary—it is purely to prevent an unauthorized prejudice from being attached to an article which I regard of as much importance in the treatment of typhoic fever, and other kiddred diseases, as quinine is in the treatment of intermittent and remittent fevers.—*Charleston Med. Journal and Review.*

5.—*Thoughts on Chloroform.* By C. R. Gilman, M. D., Professor of Obstetrics, &c., College of Physicians and Surgeon, New York.

If any apology is needed for him who attempts to interest the profession on the hackneyed theme of chloroform, it must be found in my case, in the deep feeling of responsibility which attaches to a public teaches, who is compelled by the results of his own expenience to commned, and that earnestly, to his pupils, and thus, according to the measure of his influencs, to extend the use of this agent, and yet can hardly open a medical periodical without learning that another and another and another life has been sacrificed to such use.

Is it to be expected—is it to be desired that such an one should turn from these harrowing narratives, and, satisfied that he has had no direct personal share in such horrors, dismiss the subject from his thoughts? Is not such an one to be pardoned if over zeal induce him to be "instant in season and out of season" in his offorts to prevent such deeds of death? Yet how prevent them? Shall we banish anesthetics from our materia medica—proscribe their use? Plainly this is impossible. We cannot and will not give up the use of an agent which in our hands relieves suffering, cures disease, saves life —as we know chloroform does—because other men abuse it. Nobody expects us to do this with the forceps; and yet how often is health, and even life sacrificed by the careless abuse of the forceps! We must continue, then, to use, and those of us who are public teaches must continue to commend them. This, in the lecture room is easy. There is no difficulty in there teaching the use and guarding against the abuse of anesthetics: the rules are well settled. But who can assure us that, be we ever so careful, be our commendations ever so guarded, our influence may not be for evil, in this matter? Even among our hearers, some may remember the commendation, and forget the cautions; and if the story chance to pass from

mouth to mouth, what chance is there that more will be repeated than that Doctor this or Professor that recommended chloroform? Such are the reflections that have induced me to ask a place in your journal for a few thoughts on chloroform.

I shall say nothing in detail in favor of the practice, and therefore, perhaps, ought to premise that my confidence in its powers is undiminished, the number of cases in which I use it enlarges every day. Thus much for the bright, but my present business is with the dark side of the picture. First, then, let me state very briefly a case, which, as I suppose, throws some light on the varying degree in which it operates on different individuals. Mrs. J. was taken in labor early in the morning, January 17, 1852,—the child was born in a few hours, but almost immediately afterward the patient had severe convulsions. She was freely bled, had an enama, cold to the head, &c. I saw her, in consultation, about three hours after the first fit; the convulsions were slight, patient very restless, consciousness *nul*. I thought it a case for chloroform, and the drug was sent for. During the absence of the messenger, a more careful examination of the pulse convinced me that she would bear more bleeding—the pulse, as I had anticipated rose, and more than two pints were taken. Just as we were bandaging the arm, the chloroform was received, and at once administered. I gave it cautiously, my finger on the pulse, with no attempt to overwhelm the sensibility—a thing I never do; yet, when the patient had taken four deep inspirations, the pulse fluttered—staggered—stopped. A dash of cold water, a few puffs of the face, and she gasped, her pulse staggered on—became regular, and all was well. Here the frightful symptoms were doubtless owing to the rapid absorption of the chloroform, consequent upon the profuse bleeding—the empty vessels were "*all agape*," and every particle of chloroform was eagerly caught up. This influence of blood-letting in absorption is well known, yet I dot not remember to have seen it alluded to in this connection. Its obvious importance will strike every one. It should lead the obstetrician to double caution in the use of anesthetics where flooding has occurred, and the surgeon, in all bloody operations; especially if these latter are protracted absorption will be rapid and danger proportionably great.

Thus much for a particular point: now let me offera few suggestions on the great end and aim of this paper: How to diminish the danger. And, in the first place, let me urge on

all who have not practical familiarity with the course and symptoms of anesthesia, to use ether—sulphuric ether, I mean, for I verily believe that chloric ether is worse than chloroform; it is more likely to be used freely, i. e. carelessly; and thus used, *it will kill.* Use then sulphuric ether till you are at home in anesthetics, yet, even then, beware lest this advantage lead you to carelessness with chloroform —*carelessness is death.* But it is not beginners only who should prefer ether. The state of the patient may render one or the other preferable.

Without going into detail, I should say that exhaustion and prostration call for ether—great nervous excitement and vascular activity, chloroform.

Now, as to the extent to which the drug should be carried. Here I find myself at issue with the great mass of the surgeons. They all—all at least of whose doings I am cognizant, carry anasthesia to the complete abolition of sensation. Is not this attempting too much? Never in natural labor, and very rarely in obstetric operations, do I go beyond a decided benumbing of sensibility. This may or may not be attended with loss of consciousness, for there is certainly no regular order of succession, or at least no invariable order observed. I have seen consciousness perfect and sensibility entirely gone, and *vice versa.* The rule then should be, go always beyond the stage of excitement; till this is passed nothing can be done; but as soon as it is passed, pause, and arrest the process always short of stertor.

Such I believe to be the true practice in obstetrics, and under it *no fatal case has occurred.*

Now, may not the surgeons profit by our good and their evil fortune, and stop short of the deep, dangerous state of anesthesia, into which they now plunge their patients? Something ought, nay, something *must* be done to prevent these ever recurring deaths from anesthesia; and it does seem to me that those who can guide and control surgical opinion, ought to be willing to sacrifice the advantages of complete insensibility, that others may not jeopardize life. It is very true that one who has very large experience may again and again crowd patients down into deep snoring anesthesia, and yet no harm come of it; but if he do it, the man of less knowledge and of narrower experience will do the same thing, and death to the patient and disgrace to the practitioner be the disastrous result.

There is another idea on this subject which presses upon

my mind when I read these terrible cases, so strongly that I must give it utterance; and I hope that the thoughtful members of the profession, who feel as we all ought to feel, that nothing should be neglected that may by possibility free the skirts of the profession from the deep disgrace of these repeated deaths by chloroform, will not reject my proposition till they have well considered it. It is my deliberate opinion that, in every case of death from chloroform, the whole history of the case ought to be fully and impartially investigated by a coroner's jury. I know and feel the objections to this course. I know that it may—nay that it must fall occasionally with crushing force upon a brother practitioner, who may be entirely innocent of negligence or rashness—still I say it ought to be done. Let it fall where it may, the thing ought to be done. It will be a terror to evll doers, it will restrain the rash, it will punish the guilty; and that there has been fearful rashness and deep guilt in some of these cases, no man who has used chloroform often can doubt. If in every case the inexperienced would use ether; if, when chloroform was ventured on, a competent person had his fingers on the pulse, and his undivided attention fixed on the anesthetic state of the patient, who believes that the fatal cases would have occurred? *I do not!* If, then, these precautions are neglected, is not such neglect criminal? I believe it is, and that the profession owe it to themselves to have the question of guilt or innocence impartially investigated. The time will soon come, when, if we do nothing, the public will demand this in every case. It is better that the profession propose, than that they be hereafter forced to submit to such investigations.—*New York Medical Times.*

PART V.

EDITORIAL DEPARTMENT.

DEATH OF PROFESSOR DRAKE.

By a mysterious dispensation of an all-wise Providence, we are called upon to mourn the loss of one of the ablest and most distinguished of our profession. Daniel Drake, M. D., died in this city, on the 5th day of November, after an illness of but a few days duration. He had just completed his 67th year, and with much remaining constitutional vigor, gave promise of several years usefulness in his profession. But by an inscrutible act of an over-ruling Providence, this great man has been suddenly numbered with the dead, and transferred almost in a day, from the theatre of activity and usefulness to the unending silence of the tomb.

> "Leaves have their time to fall,
> And flowers to wither at the north wind's breath,
> And stars to set—but all,
> Thou hast all seasons for thine own, O, Death."

Professor Drake had been subject, for a number of years, to attacks of cerebral congestion, which he ascribed to malarious origin. His last illness commenced as an ordinary influenza, which had been prevailing in this city for a number of weeks; and following this, his cerebral disease supervened, with more than usual violence. He had, also, been exposed to the atmosphere of typhus and typhoid fever, which, it is believed, had contaminated his system. Like physicians generally, he was too much inclined to prescribe for himself; and, with a mind somewhat out of equilibrium from the cerebral disease, he occupied the most precious time, and perhaps the curable period of his disease (if such existed) without the counsel of a medical friend. Soon it was perceived that his system was becoming rapidly prostrated, and his

own perception taught him that death was near at hand. The cerebral congestion rapidly increased, and for a period of twenty hours prior to death, he was profoundly comatose. Death released this great man from his earthly pilgrimage, on Friday evening, the 5th day of November, at five minutes before six o'clock P. M.

It is not our purpose now to write a history of the life, nor to expatiate on the character of Professor Drake; we have not now the material, nor is this the time, for such an article; but at some future period we expect to be able to lay before our readers an account of the principal events of his long and useful career. It will be seen by the appended proceedings, that a member of the Faculty with which he was so recently associated, will be appointed to deliver an address on his life, labors, and character.

We have never known so many tokens of respect bestowed on any member of our profession, as have been manifested in relation to the deceased. All of the medical bodies of the city, together with those of Covington, the University of Louisville, and our citizens generally, held meetings, and passed appropriate resolutions, expressive of their regard for the illustrious deceased. We copy the proceedings of the Faculty and Class with which he was immediately associated, and those of the profession of the city, many of whom had known the deceased for a long series of years.

MEDICAL COLLEGE OF OHIO.

The Faculty of the Medical College of Ohio were convened by the Dean yesterday morning, in consequence of the death of Dr. Daniel Drake, professor of Theory and Practice of Medicine in this institution. Profoundly afflicted by the loss which they have sustained, hereby

Resolved, That in the death of Professor Drake the science of medicine has lost one of its most successful cultivators, the profession at large a contributor to its literature, of original and universally acknowledged ability, and his medical brethren of Cincinnati a chief ornament and a friend, ever ready to foster whatever was designed to promote their welfare and improvement. While his fellow citizens of all classes will mourn the departure of one of the oldest, most respected, enterprising, and patriotic inhabitants, a pioneer of the West, who has contributed his full share in the development of its resources and the founding ofots great destiny.

Resolved, That a member of this Faculty be appointed to prepare an address on the life, labors and character of Prof. Drake, to be publicly delivered on some future appropriate occasion.

Resolved, That the lectures in the Medical College of Ohio be suspended until after the last sad duties of respect to the remains of the deceased have been paid. That we will attend the funeral ceremonies, and wear the customary badge of mourning during the remainder of the college session, in testimony of our respect for his memory.

Resolved, That a copy of these proceedings be conveyed to the surviving family of Prof. Drake, with an expression of personal sympathy in their loss.

At a meeting of the students of the Medical College of Ohio, held in their lecture room, Nov. 6th, 1852, Mr. A. S. Patrick was called in the Chair, and Samuel Alexander appointed Secretary.

On motion, the President appointed the following committee—Messrs. Sam'l Alexander, J. Q. A. Foster, H. S. Rawlings, E. A. Stockton and F. A. Schell, for the purpose of expressing the sentiments of the class in regard to the demise of the lamented and distinguished Professor Daniel Drake.

On motion, the meeting adjourned until half past three. At half past three the President called the meeting to order for the purpose of hearing the report of the committee.

Whereupon, the following preamble and resolutions were submitted and unanimously adopted.

WHEREAS, Almighty God has, in the disposition of his all-wise Providence, seen fit to call from our midst our highly gifted, esteemed and venerated teacher, Professor Daniel Drake, therefore,

Resolved, That in his death we have sustained an irreparable loss on account of his great mind, his unsurpassed Medical acquirements and his high moral tone, which qualities gained for him during life the regard of all men, and will raise a monument to his memory through all generations to come.

Resolved, That as men about to enter the profession of medicine, we owe to the memory of our much lamented Professor a tribute of the most profound regard, and love for the untiring zeal with which he labored to elevate the profession of medicine, and for the important facts which he has contributed to medical science by a long life of toil.

Resolved, That in memory of his genius and attainments we will in a body attend his funeral, and in humble token of our love and admiration for his character, we will wear the usual badge of mourning for thirty days.

On motion, *Resolved*, That a copy of these resolutions be sent to the family of the deceased, and also published in our Daily papers. SAMUEL ALEXANDER, *Chairman of Com.*

J. Q. A. FOSTER, *Secretary.*

According to previous notice a meeting of the physicians of

Cincinnati was held at the Medical College of Ohio, for the purpose of expressing their sense of the loss the profession has sustained by the death of DANIEL DRAKE, when Charles Woodward, M. D., was appointed Chairman, and Wm. Wood, M. D., Secretary.

On motion of Dr. Richards, a committee of three was appointed to report suitable resolutions for the adoption of the meeting.

The chair appointed Drs. Richards, Buckner and Carroll said committee. They presented the following resolutions for the consideration of the meeting, which were unanimously adopted, viz:

WHEREAS, it has pleased the great disposer of events, in His unerring wisdom, to remove from us by death our distinguished friend and brother, Dr. DANIEL DRAKE,

Resolved, That while we bow in humble submission to the divine will, we cannot but mourn our irreparable loss.

Resolved, That in the death of Dr. DRAKE, Cincinnati has lost one of her earliest, most enterprising, and valued citizens; the church of Christ an active, useful and consistent member; and the science of medicine one of its most ardent votaries.

Resolved, That while the deceased was ever foremost in every important public enterprise, and while his heart and hand were always open to the demands of benevolence and charity, yet his best powers and most self-sacrificing labors were consecrated to the advancement of medical scienee, and the elevation and usefulness of that profession which he so dearly loved and so richly adorned, and in devotion to which he sacrificed his health and life.

Resolved, That although as a medical writer and teacher he stood confessedly among the first, yet we chiefly love and cherish his memory as the kind friend, the honorable competitor, the able counsellor, the generous and ready helper of his younger brethren.

Resolved, That we sympathize with his colleagus of the Medical College of Ohio in their great loss, and especially with his family and numerous friends in their sad bereavement.

Resolved, That as a last tribute of respect to the deceased, we will attend his funeral on Wednesday next.

On motion of Dr. Bonner it was also

Resolved, That a committee of one from the various medical Colleges, as well as three from the members of the profession at large, bé appointed to report arrangements for attending the funeral in procession.

The Chair appointed on the part of the Colleges, Professors Cobb, Mussey and Baker, and on the part of the profession, Drs. Bonner, Dandridge and Chamberlain, who reported as follows, viz.

The members of the profession, together with the Medical Students, to attend at the medical College of Ohio, at 2 o'clock P. M. on Wednesday next, where they shall form under the direction,

of Dr. Chamberlain, as Marshal, with such assistants as he may appoint, in the following order, viz :

1st. The Faculty of the Medical College of Ohio.

2d. The Faculties of the two other Schools.

3d. The professions at large.

4th. Medical Students.

On motion of Dr. Fore it was further,

Resolved, That a committee be appointed to co-operate with the Faculty of the Medical College of Ohio, in the selection of a suitable person to deliver an eulogy on the life and character of Dr. Drake.

Drs. Fore, Dandridge and Webb were appointed that Committee.

On motion of Dr. White it was still further,

Resolved, That a copy of these resolutions be furnished the papers of the city for publication, and also sent to the family of the deceased. WM. WOOD, *Secretary*.

Nov. 8th, 1852.

NEW YORK MEDICAL TIMES.

The first number of the second volume of this excellent journal has reached us with a new arrangement in the editorial department. H. D. BULKLEY now takes charge as editor and proprietor. The plan of the journal is to continue as heretofore. Dr. B. brings a high reputation with him into this new field of labor, and which we have no doubt will be sustained, judging from the present number. We welcome him cordially into the editorial corps, and heartily wish him much success in his new undertaking.

MEDICAL COLLEGE OF OHIO.

The chair of Practice in this school, vacated by the decease of Prof. Drake, has been supplied by the transfer of Professor Lawson. Pathology is attached to the chair of Practice, and Physiology to that of Anatomy.

PRIZE ESSAYS—OHIO STATE MEDICAL SOCIETY.

We copy the following from the *Ohio Medical and Surgical Journal.*

By the following letter, our readers will learn that, for the best Essay on some medical or surgical subject presented at its next

meeting, the Ohio State Medical Society will award a very handsome prize. So far as we know the history of the Ohio Profession, this movement is unprecedented in our state. We have a very favorable opinion of this method of improving our medical literature, and we have no doubt there are a goodly number of professional gentlemen in our state, whose talents are buried for want of sufficient stimulus, who would do themselves credit and the world a benefit by answering this call under the extra stimulus proposed. The society is certainly under deep obligations to the Cleveland profession for the generous part it has taken in the matter. We are fully of the opinion that if the funds usually expended in providing sumptuous entertainments and grand *jollifications*, were annually appropriated in some way for the advancement of Medical Science, the interests of all concerned would be more eminently subserved. We, for ourself and for the profession, most cordially thank our Cleveland brethren for their praiseworthy example, and we do most ardently hope it may ever be followed at all our annual meetings.—Ed. Journal.

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Professor Howard:

Dear Sir:—At the late meeting of the Ohio State Medical Society, the following resolutions were unanimously adopted, to wit: "That a prize of fifty dollars be offered for the production of the best essay on such subject as shall be specified."

Be it Resolved, That the President appoint a committee of five members to specify the subject, to receive the communications, and award the prize to such person as in their opinion possesses the greatest merit.

Resolved, That competitors for prizes deliver their communications on or before the 1st of Feb., 1853, and that the committee report at the next annual meeting of the society.

I would merely add that the physicians of Cleveland have contributed seventy-five dollars in addition to the above amount, which will make the prize one hundred and twenty-five dollars.

The committee have concluded to permit the competitors for said prize to select their own subject, (medical or surgical of course), and request the same to be forwarded to the undersigned at Columbus by the time above specified. The following rules have been adopted: Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations will be deposited with the chairman of the committee, from whom they may be obtained with the sealed packet unopened, if called for within six months after they have been received.

The committee will not consider themselves as approving the doctrines contained in any dissertation to which the premium may be awarded.

That in case of the publication of the successful dissertation, the author is considered as bound to publish the above in connection therewith.

W. W. RICKEY, Chairman,
Committee Prize Essay.

AMERICAN MEDICAL ASSOCIATION.

At the meeting of the Association, held at Richmond, Va., May 1852, the undersigned were appointed a committee to receive voluntary communications on medical subjects, and to award two prizes of $100 each to the authors of the best two essays.

Each communication must be accompanied by a sealed packet, containing the name of the author, which will be opened only in the case of the successful competitors. Unsuccessful communications will be returned on application after June 1st, 1853.

Communications must be addressed, post paid, to the chairman of the committee, Dr. Joseph M. Smith, 56 Bleecker st., New York, on or before the 20th of March, 1853.

JOSEPH M. SMITH, M. D.
JOHN A. SWEET, M. D.
W. PARKER, M. D.
GURDON BUCK, M. D.
ALFRED C POST, M. D.

New York, Sept. 17th, 1852.

CORRESPONDENCE.

PHILADELPHIA, *Nov. 12th,* 1852.

Messrs. Editors: It appears from your last No., which I did not see until yesterday, that I have offended the democracy of Dr. March in calling the Am. Medical Association *aristocratical;* that hence he has occupied some pages of the *Lancet* to show that I am mistaken. I have not a thought of offending any one; I *knew* that many of them, and I *supposed* that all of them were good republicans at heart, and that they would be glad to get out of their accidental aristocracy, their false position, could they only see the means and the way. This was to think well of them and a compliment. And now let me say frankly that if any of them presume I meant to offend, I ask pardon even on their own presumption; for I hold that a writer is bound to be perspicuous and precise, leaving nothing for weakly or prejudiced minds to misunderstand.

I will show in the end that I ought not to have used the word *aristocratical;* since it is liable to be received, as the grammari-

ans say, in a *bad sense;* but I must now show that I meant no harm—it was not a poisoned arrow, as the Dr. supposed.

My offending paragraph is this:

"The American Medical Association is not a republican institution—it is aristocratical both in its origin and its continuance. Of this however we do not complain. Its origin was anomalous, but there was perhaps no other way in which a large body of respectable men could be so quickly got together. In all cases of difficulties, dangers, or pressing necessities, that cannot be met or subserved in the regular course of action, some commanding spirits may assume a temporary authority. Thus when the stamp act required the immediate action of the American people, the Assembly of Massachusetts Bay took measures to have a Congress called from all the Colonies to meet at New York, and ten Colonies obeyed the summons. So when the state of our Profession in America seemed to require that support and protection which the laws denied, the Medical Society of New York summoned a convention which has resolved itself into the American Medical Association."

Now Walker defines *aristocratical*, "relating to aristocracy," and this he defines "that form of government that places the supreme power in the hands of the nobles;" and have I not called them, in my paper, *respectable men, noble spirits, men who have acted their part well?* Have I not praised the professors as men accustomed to public speaking, and therefore suitable to be sent to the Association? Your correspondent as one of them, must be a glutton of praise, if he is not satisfied with this dose, which is not an infinitesimal pill, but a regular bolus.

But he takes my word in a *bad sense*, and supposes that I am throwing contempt on my betters, by calling them aristocrats, as the low politicians are accustomed to do. Far from it, Doctor, I don't belong to that class; I am an old Federalist, and love the aristocracy; hence, I used the word in its genuine sense, not in that of the French revolutionists, which has not yet got into Walker's Dictionary.

Now instead of calling them the nobility and gentry of the profession as I have done, according to Walker, he takes infinite pains to prove that they are, in part at least, a posse of vulgar Democrats He says that if the Committee of nine who recommended to the Convention of New York to call a convention at Philadelphia, were not aristocrats, the whole Association down to this time must be freed from that epithet. (See page 769.) We shall not refute this position, since it refutes itself. Then he goes on to prove that the Committee of nine were not *aristocrats*, by giving us the character, dress, and demeanor of each. Dr. Davis must not lie under the imputation, because he wore an old cap at the convention: Dr. M. himself is free from it, because he has learned to

plough; Dr. Watson cannot incur the imputation of a "purse proud, haughty aristocrat," because he is a working man in the profession; Dr. Bush he don't know, but he cannot be an aristocrat, "or he would not have consented to *have been* (*to be* is grammatical) associated with such a set of plebeians; of Dr. Brainard, Stearns, Haxall, Bell, he has nothing momentous to say, unless a compliment to their industry and good manners; Dr. Knight's plain dress proves him to be no aristocrat; "he rather looks like a Presbyterian parson than a pompous, blustering aristocrat."

The above are the principal characteristics he gives those eminent men, and by virtue of these, he claims for them an exemption from my imputation of aristocracy. I have no where said in my paper that the members of the Association were aristocratical in his sense of the word, no where have I represented them as "*purse proud, sumptously dressed, abounding in wealth, or as pompous blustering aristocats.*" I love the name Aristocracy, and profess to belong to it, but not in his sense thereof.

I used, however, the wrong word—I ought to have said *oligarchial*, relating to the government of a few, whether they be the *aristoi*, or *kakistoi*, the best or the worst; whether they wear Dr. Davis' old cap, or Cæsar's laurel crown; whether Jefferson's red breeches with grey stockings, or Hamilton's black velvets with white stockings. I am not a Democrat, but simply a republican on the old Federal principle; I look upon science, literature, and religion as republics; I know that a great majority of the physicians of these states would prefer a representative government; that nearly all the professors of Philadelphia are in favor of the plan I advocated; that great dissatisfaction was manifested in the convention of 1847 by Dr. Hays, Profs. Jackson, Meigs, and other eminent men respecting the present organization; much more I knew which I have not time to mention, hence I advocated Dr. Tho. H. Yardley's plan, brought by him before our County Society without my knowledge or presence. (See my paper, page 9, for the course it took.) As the Society had unanimously complimented me with the presidency four successive years, I felt bound to work for them, and being requested by some leading men to write my unfortunate paper, I complied, and fifteen hundred copies were unanimously ordered to be printed and circulated at the expense of the Society. I did not expect every one to think well of it, as I never sought any other ornament in writing than perspicuity.

Dr. March has made one great mistake in point of fact. He says that two reports on modifying the representation were made at Richmond—"one not essentially changing the features of the organization." Now this relates to the report of Dr. Hays which literally changed every thing except the representation from

county societies. It cuts off the schools that do not live up to a certain standard which he assigns, and admits *only one* delegate, from those that do live up to it—aud those he tells me himself are only two or three; it cuts off all associations for teaching, all dispensaries, hospitals, lunatic asylums, the army and navy, all societies old and young, except county societies and a delegation of four from each state society, however large. And yet this is "not essentially changing the general features of its organization"!!!

I wish to inform Dr. March that Dr. Hays, his "personification of meekness and humility"—I would rather call him a perfect gentleman—that this Dr. Hays is as hostile to the present organization as any other member in our County Society. He opposed it in the Convention, and offered another. I heard him make vehement objections to it in our State Society in 1851 and '52, and he reported strongly against it at Richmond. He admits schools into his plan only for the purpose of stimulating them to do better. By cutting them all off that do not reach his beau-ideal, he hopes the others will come into a better way of living, for the sake of being represented in the Association.

I hope to give you some further thoughts on this subject, not for my own sake, but for that of the cause; but I wish this to go by the next mail, lest it be too late for insertion in your next number. Meanwhile one of you, who is my old acquaintance, must know, that what I have said above, respecting the aristocracy of the Association, is sincere. I look upon them as aristocratical in a body, not personally, in Dr. March's sense, and I believe they would gladly get out of the trouble if they saw a way of retreating for the advantage of the profession: for they well know, that there are very many sturdy aristocrats in the true sense, who cannot become members by the present organization,

Very Respectfully Yours,

S. JACKSON.

MISCELLANY.

Ministers and Physicians.—At the late meeting of the pastoral convention of New Hampshire, that body received a communication from the New Hampshire Medical Society, in the form of resolution, setting forth that intimate and kind mutual relations should be cultivated between the two professions; and that while the one should not interfere with the spiritual direction of the patient, the other should not interfere with the medical direction. To this the Pastoral Convention responded in resolutions which echoed the same sentiment. In the course of the discussion, the courtesy and kindness of physicians to ministers and their families, were freely admitted, and gratefully acknowledged, and it was stated

that while the well educated physicians are generally attendants upon public worship in our congregations, and the friends of good order, of education, and whatever tends to the improvement of society, quack physicians seldom, if ever, find a place in our churches.—*Puritan Rec.*

Dr. Charles T. Jackson, of Boston, has published in a late No. of the *Boston Medical and Surgical Journal*, his supposed discovery of the cause of death from the inhalation of Chloroform. He attributes it to the use of an article rendered poisonous by the presence of *fusel oil*, derived from the whisky from which chloroform has been made in many cases. When manufactured from *pure* alcohol, no such result has followed; and as sulphuric ether is always made from strong rectified alcohol, there is less danger of its containing fusel oil, and hence it is a more safe anesthetic.

Fused oil has been recently introduced into use in Boston, by Dr. Wyman, in the treatment of tubercular diseases.

Dr. Carnochan has published in the Sept. No. of the *New York Journal of Medicine*, an account of the successful treatment of a case of Elephantiasis Arabum of the right leg, by ligature of the femoral artery. The patient continues in good health, and free from any indications of the return of the disease, at the end of sixteen months.

THE WESTERN LANCET.

VOL. XIII. CINCINNATI, DECEMBER, 1852. No. 12.

PART I.

ORIGINAL COMMUNICATIONS.

ART. I.—*Transactions of the Montgomery Co., Medical Society.* By H. G. CAREY, M. D., Sec'y., Dayton, Ohio.

November Session—The Vice President, Dr. Davis, in the Chair.

The Society met in the Lecture room of the *Dayton Medical Institute.* After disposing of the usual preliminary business, the new applicants were elected members of the Association.

Dr. Davis, Chairman of a special committee on Medical Census, *Reported,* that there were eighty-six physicians —including all classes, in Montgomery Co. Of this number, twenty-six were graduates of some Medical College, or Licentiate, under a previously existing law, regulating the practice of medicine in this State. Sixty are in the Regular Practice,* twenty-three of whom are members of the County

*NOTE. This part of the report, though substantially correct, places Scientific Medicine in a false position, and the honorable physician, in an unfavorable light. The classification is based upon the different systems of medication, which would have furnished a more correct index to the existing state of the profession in Montgomery Co., had it been established upon professional qualification and ethics. A diploma issued by a Medical College or Society, or the name of "Regular Physician," which may be assumed at will, by any one, is no guarantee that the possessor is even a gentleman, or qualified to discharge the duties incident to the healing Art. Nor should any one be entitled to the name of "Regular Physician," who is living daily in the open violation of professional ethics, and whose knowledge is not creditable as a physician.

Society. There is one pretending Homœopathist, and four others who profess to practice the regular system or treat their patients Homœopathically, as may best gratify their caprice. There are two Hydropathists, three Thomsonians, six Eclectics, one Magnetic, one Uromantes, or Water Doctor; and lastly, a score or more, including Cancer Doctors, illiterate female Obstetricians, Itinerant Quacks, German and Negro Barbers, who make some part of Surgery and especially venerial, eye and skin diseases, secondary trade. Besides the above enumeration, there are a multitude of non-descripts, who staunch blood by words and talk fire out of burns, charm away chills and work many other imaginary miracles to the gratification of superstition.

The number of inhabitants in Montgomery Co., according to the census of 1850, is probably now about 37,000. With that population, we have to each regular physician, near 617 inhabitants; making too great a proportion in the profession. Add to the sixty regulars, the twenty-six irregular practitioners, and the proportion would be one to about every 430 persons.

The committee in presenting the report, would submit, that however discouraging and vexatious the picture, and much as our people may thirst after and adhere to charlatanism; it is fit in us, amid all those discouraging and conflicting interests, consequent to our professional lives, to cultivate forbearance without affiliation, and with becoming magnanimity, maintain that dignity and integrity without dissimilation, characteristic of the true philanthropist and lover of Science.

The report was accepted, and with the proposed amendment, laid upon the table until the next meeting.

Dr. James Crook, read a paper, entitled "A review of the diseases incident to the summer and autumn of 1852." The theory of malaria connected with the development of fevers, was briefly alluded to, and the alleged sources, passed in

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Those who according to the report are in the "Regular Practice," admit of the following subdivision, based upon the American Code of Medical Ethics which was offered as an amendment by Dr. Carey.

Number of Graduates and Licentiates, who adhere to the American Code of Ethic,s 25

Number of Graduates and Licentiates, who do not adhere to the American Code of Medical Ethics 5

Number of Physicians who are not Graduates nor Licentiates, who adhere to the American Code of Medical Ethics, 4

Number of Physicians who are not Graduates nor Licentiates, who do not adhere to the American Code of Medical Ethics, 25

review. The essayist stated, that according to his observation, Intermittent and Remittent fevers, did not become general in their prevalence, until after the first of August. The former was characterized by great irritability of the stomach and distress in the præ cordial region, with some pain in the head. There was much prostration of the strength and suffering in the region of the kidneys. The chill was slight, and of short duration, but the fever was continuous almost from one cold stage to the other. If however, the same individual was attacked a second time, and later in the season, the symptoms were milder, and the intermission complete; leaving the patient comparatively well during the apyrexia.

The milder forms of bilious fever, were not distinguished in the early stages, by any thing peculiar from those of preceding years, but as the disease ran through the subsequent stadia, a marked proclivity to diarrhœa, was developed. The susceptibility of the alimentary canal to the effect of cathartic medicines, was so great as wholly to exclude the more active ones, from the treatment of this class of cases. Dr. C. said that it had been advised by almost every author and teacher of medicine, that tonics in this form of fever should be religiously withheld, until the secretions are restored and a complete and distinct remission obtained; but he found it necessary to disregard these dogmas, and administer the sulphate of quinine from the very inception of the treatment; and the results were such as to justify the course. When the quinine was used in the above alluded to condition—that of fever, he observed no aggravation of the symptoms, or increase in the frequency or force of the pulse.

The graver forms of billious remitting fever, made their appearance in a manner not dissimilar from that of the above named or milder forms of the disease; differing only in severity and duration of the exacerbations. During the pyrexia, the skin was excessively hot and dry, the eyes were suffused, of a dull, leaden, inexpressive appearance. The sense of hearing became much impaired, with aversion to sound. The patients were restless and complained of great pain and tension in the head, which was often associated with low muttering delirium, soon after the disease was fully developed. The respiration was hurried and oppressed, associated with great pain and constriction of the chest, and an insupportable oppression about the heart. The circulating system was very much disturbed. Epistaxis was present in those cases and persisted throughout the whole disease, at intervals of from

one to six hours. In the early stages of the affection, the bowels were usually found sluggish; but as the disease attained its acma, copious colliquative diarrhœa almost invariably presented itself. Sordes accumulated about the teeth and the coat upon the tongue, which at first was thin and white, became dense, black, and dry. As the affection advanced, the tongue would become relieved, and present a red, fiery appearance. The skin assumed a brown or bronzed color. These symptoms increased in severity, until the patient would finally succumb to the disease, in from five to fourteen days; or become less severe and gradually terminate in a slow convalescence, from three to eight days.

In this form of the fever, when the disease had so far advanced as to admit of no doubt in the diagnosis, Dr. C. stated that the sulphate of quinine seemed to have the effect, in the first stage of the disease, of lessening the exacerbation; but after this period, the fever invariably became aggravated, when it was administered.

The following peculiarities have been observed in autumnal diseases by him during the past season. 1st. The tendency of the bowels to over action under the influence of mild cathartics, and the unusual severity of intermittents. 2nd. The strong indications which were present in the milder forms of bilious remitting fever, for the early exhibitions of quinine, and the happy results following such treatment. 3d. The tendency of all protracted and severe cases of remitting fever, to assume a typhoid type.

Dr. Carey presented the following case of scirrhus of the stomach, and exhibited the pathological specimens.

History. Mr. A. L. *æt* 40 years, bilious temperament, habits of life irregular and dissipated; has been accustomed for the past ten years, occasionally to vomit his food, without being accompanied by any considerable pain or disturbance of the general health. Three years since, pain in the epigastrium, associated with marked indigestion made their appearance; which were aggravated by intemperance and the use of stimulating and indigestible articles of diet. Up to this time, when proper attention was given to the regimen, he enjoyed comparative health. In June, 1852, pain in the region of the stomach assumed an acute lancinating charaeter, and darted in the direction of the spine, with frequent nausea and vomiting. The materials consisted of articles taken as food in a half digested condition, and tenacious mucus of a gray color. The bowels were habitually constipated. H

applied to his physician, and by the use of appropriate means, soon was enabled to return to his daily avocation which was that of a house carpenter.

In August, the pain, nausea and vomiting returned with great severity and were not ameliorated by medication. As the disease progressed, the vomiting became almost constant, and the fluids varied from a dark brown, to a jet black color. Acidity of the stomach was one of the most constant symptoms, accompanied by eructations of gas, exceedingly offensive in its nature. He remained in this condition until September 24th when he first saw him. The patient was then upon the use of mucilage and chloroform, which increased the pain and nausea.

The following is the condition in which Mr. L. was found. Considerably emaciated, countenance anxious and indicative of habitual suffering, constant nausea, with burning, gnawing pain in the stomach, not increased by moderate pressure. Vomits almost constantly. The ejecta is small in quantity, consisting of gray viscid offensive mucus; bowels open, pulse slow, full, compressible; skin dry and harsh, abdomen dystended, tympanitic. Physical examination does not give evidence of enlargment or change of structure in any of the thoracic or abdominal vicera.

From the history of the case and the condition of the patient, Dr. C. was not long in recognizing the existence of a grave organic affection, which induced him to give an unfavorable prognosis. With these views the treatment became wholly palliative; the only objects being to alleviate suffering and render the last hours of the patient as comfortable as possible.

The free use of antacids and anodynes was prescribed, dry cups to the epigastrum, with alkaline bathing morning and evening. This course of treatment resulted in a temporary amelioration of the urgent symptoms; but the relief was only ephemeral. The pain, nausea and vomiting returned after a few days, in a greatly aggravated form; and on the 10th of Oct., the ejecta, which during the preceding month had not varied materially in character, resumed a black color, resembling dissolved blood suspended in thin mucilage; and the evacuations from the bowels, prior to this time, had not exhibited any thing peculiar or characteristic, became frequent and partook of the nature of the fluids vomited. A tremor, which was perceptible within the cavity of the peritoneum at an early period of the disease, reappeared as the parietes of

the abdomen became flaccid. It was moveable, as large as a medium sized orange, oval in shape, to the right of the linea alba, and an inch above the umbilicus; nodulated and almost devoid of sensibility.

The emaciation was rapid: food was invariably rejected from one to four hours after being received into the stomach. The patient expressed his conviction, that this organ had "grown up." The pulse ranged from 35 to 45 beats per minute; low muttering delirium supervened on the 15th, and the vital energies gradually failed until the 20th of October, when the patient died.

Autopsy 36 hours after death. There was no perceptible tendency to decomposition in the *cadaver*. On cutting through the perietes of the abdomen, the stomach and intestines were found moderately distended with gas, and of a dark brown color, from the fluids contained within them. The liver was natural in color and structure, somewhat engorged with blood, and full below the margin of the false ribs; the cist was filled with healthy bile and protruded an inch beyond the anterior edge of the liver. The peritoneal coat of the stomach was smooth and polished and was free from any abnormal adhesions. The cardiac half of the viscus was not materially changed in structure; but as the examination was conducted downwards, the organ contracted rapidly, the parieties increased in thickness, became elastic and horny to the feel. The pylorus was firm, callous and unyielding. By laying open the stomach on the line of the lesser curvature, the mucous membrane was found of a dark marrow color, corrugated over the *cul de sac* and thrown into longitudinal folds, which run into a diseased mass, near the termination of the greater curvature. This was a scirrhus ulcer, triangular in shape, with margins elevated three lines above the surrounding mucous membrane and five above the bottom of the ulcerated surface. The base and walls of the ulcer were of cartilaginous hardness. One of the angles, terminated just without the pyloric orifice, and was opposite the largest side of the irregular triangle, which measured two and a half inches. The valve at the lower outlet of the stomach was so contracted and indurated, as not to admit the barrel of a medium sized writing quill. The coats of the organ for an inch and a half adjacent to the ulcer had lost the peculiarity of their original condition, and were agglutinated into an amorphous structure, seven lines in thickness; and cut with an incision, peculiar to scirrhus masses. The sur-

face of the ulcer was uodulated and studded over with coarse granules of a dark slate color. Two lymphatic glands, one enlarged to the dimensions of an almond and the other of half this size, were attached to the greater omentum near the greater curvature. The remaining abdominal and the thoracic organs did not give evidence of previous diseased action.

ART. II.—*Dysentery.* BY J. N. SALISBURY, M. D., of Russelville, Brown Co. O.

This disease commenced here, about the middle of June, 1851, and continued until the middle of September. The disease was most commonly preceded for several days by diarrhœa, before the true symptoms made their appearance. This diarrhœa was mostly accompanied by pain in the bowels, slight headache, fever and loss of appetite; which symptoms were all increased when the true disease was fully developed.

The discharges in a few cases consisted of small portions of whitish mucus, mixed with blood; but in the majority of cases the discharges were somewhat watery, containing vitiated bile, with shreds of false membrane, and masses of coagulated matter.

The bladder and urethra were always more or less affected, often producing difficult and painful micturition. In these cases the urine was mostly scanty, and highly colored.

Treatment.—The remedies which I found the most useful in this disease were, bleeding, calomel, opium, ipecacuanha, acetate of lead, nitrate of silver, and castor oil.

Bleeding I used in the beginning of all cases, where there was much pain and tenderness of the abdomen, with high fever and strong pulse, and with a happy result.

Calomel I found beneficial in doses of from half grain to two grains, two or three times in twenty-four hours. But it is useless, and in fact very injurious, when given in fifteen grain or twenty grain doses, which is sometimes done for the purpose of checking the watery discharges, and producing consistent evacutions. In such doses I found it always to aggravate the symptoms, and reduce the strength of the patient.

Opium was found necessary and useful in relieving the sufferings of the patient and producing sleep. I prefer combin-

ing it with small portions of ipecacuanha, especially if the skin is dry.

Acetate of Lead I found useful in small doses, combined with opium.

Nitrate of Silver was found in the majority of cases the most effectual remedy in checking the disease. I gave it in doses of from one-third grain to two-third grains, combined with opium formed into pills, from three to six hours apart pro re nata. Were I confined to any two remedies, in the treatment of this disease, I would prefer nitrate of silver and opium.

But mild cathartics are necessary to free the bowels from irritating accumulations. Of these the best for the purpose perhaps is castor oil. To prevent its griping a few drops of laudanum may be added. Warm emollient poultices should be constantly applied. Water, with gum arabic dissolved in it, I found the best drink.

ART. III.—*To the Editors of the Western Lancet:*

GENTLEMEN:—Believing that the following plan of treating intussusception of the bowels is not familiar to the minds of many of the profession, I submit to you a case in which it was successfully applied.

The subject was a young man aged twenty years. He had two attacks of colic within ten days. Constipation followed immediately upon the last. He was treated for four days with purgatives—warm water injections—bleeding, &c., without any effect. At the end of this time (Nov. 13) I was called in consultation with Dr. Bennett, of Withamsville, the attending physician. I found the case as follows: Pulse 120, abdomen tympanitic, and tender to the touch, extremely severe paroxysmal pain of the bowels, frequent vomiting of highly offensive matter, obstinate constipation.

To subdue the tendency to peritoneal inflammation, we repeated the bleeding and administered the sulphate of morphine, in half grain doses every two hours until he was brought fully under its influence. When I returned on the evening of the 14th, the pulse had fallen to 96—the tenderness and pain of the bowels were materially dimininished—the vomiting less frequent and distressing—constipation continued. Frequent and large quantities of warm water has been continued to be injected. At my suggestion the following plan of treatment was now adopted.

We procured a small quantity of brewers yeast, from which was prepared in the usual way a quantity sufficient for our purposes. At about midnight, we gave a tumbler half full, and ordered the same quantity to be repeated once or twice every hour.

On the afternoon of the 15th, when it was obvious from the quantity taken and retained, that the intestines above the obstruction, were distended with carbonic acid gas, the colon was likewise inflated with atmosphere by means of a pair of fire bellows.

By these means combined, the intestinal canal throughout its whole course was inflated, and the obstruction reduced.

At nine o'clock in the evening, a copious evacuation of the bowels ensued, followed by several others during the night. At the same time the explosions of gas were so violent as to be heard at some distance from the house—it was literally keeping up a regular fire. The patient was at once relieved, and speedily recovered his former health. Besides the distending force of the gas, it is very probable that it exercises a beneficial influence by its sedative and antisceptic properties.

I believe this practice originated with the French, but to what extent it has been applied I know not. Dr. Johnston and Rogers of this place, have given yeast in two or three cases of this disease during the course of their practice here, with success. In one case relief was afforded on the fourteenth day of the attack, after every other means had been tried and failed.

From the above facts I should feel disposed to give this plan a trial in every case, where the ordinary means fail. Should relief not be obtained in a reasonable length of time, and the case be protracted, and as it were hopeless, a moderate exhibition of the yeast, by its antisceptic properties and by gently exciting the peristaltic action, would afford perhaps the best prospects of success.

DANIEL BARBER, M. D.

New Richmond, Ohio, Nov. 30th, 1852.

PART II.

REVIEWS AND NOTICES.

ART. IV.—*A practical Treatise on Diseases of the Skin.* By J. MOORE NELIGAN, M. D. M.R.I.A. etc. Philadelphia: Blanchard & Lea. 1852. 12mo. pp. 333.

This is a valuable little treatise, admirably adapted to the wants of the busy practitioner. Dr. Neligan, who is a good practical writer, has in this work fully sustained his high reputation, and has produced a treatise remarkable for its clearness and comprehensiveness. Although it is not to be compared to the larger and more elaborate works on this subject, yet it will be found really more useful to those who have not leisure to devote much attention to this subject.

The following is the classification adopted by the author:

Order	*Genera.*
1. Exanthemata, . .	Erythema, Erysipelas, Urticaria, Roseola.
2. Vesiculæ, . . .	Eczema, Herpes, Pemphigus, Rupia, Scabies.
3. Pustulæ, ...	Acne, Impetigo, Ecthyma.
4. Papulæ, ...	Lichen, Prurigo.
5. Squamæ, . . .	Psoriasis, Pityriasis.
6. Hypertrophlæ, . .	Ichthyosis, Molluscum, Stearrhœa, Elephantiasis, Verruca, Clavus, Callositates, Condylomata, Nævus.
7. Hemorrhagiæ, . .	Purpura.
8. Maculæ, . . .	Vitiligo, Ephelis.
9. Cancrodes, . . .	Lupus, Kelois.
10. Dermatophytæ, .	Porrigo, Sycosis.

Supplementary Groups.

Syphilides.
Diseases of the Appendages of the Skin.

We will briefly state some of the author's observations.

On the subject of *Erysipelas*, the author, after remarking on the *idiopathic* and *traumatic* varieties, makes the following judicious remarks on the *contagion* of the disease:

"As to whether erysipelas is contagious or not, a singular difference of opinion has always existed and still exists between the practitioners of the French and English school; the former laying it down as one of the characteristic definitions of the disease that it is *non-contagious*, and the latter with almost universal consent asserting that it is *markedly contagious*. The simultaneous occurrence of the disease amongst a number of persons is attempted to be explained away by the French writers on the principle that such persons were predisposed to it, or that an epidemic influence, or a peculiar atmospheric condition, reigned at the time. It is unquestionable that at certain seasons or during certain years, the contagiousness of erysipelas is more manifested than at other times, but this is equally true of all other contagious diseases. The direct proofs now accumulated are too numerous and too certain, I think, for the question to be any longer one of doubt, and no British surgeon would, I feel confident, undertake an operation in an hospital in which erysipelas was present. The form of erysipelas arising from an animal poison is decidedly the most contagious; the medical attendants and nurses are in such cases generally infected, and they convey the disease even to others. It has been often remarked that when puerperal fever—which is manifestly due to the presence of a morbid poison in the system—prevails, wounds are very apt to take on erysipelatous inflammation, and the disease spreads rapidly by contagion; and likewise when erysipelas occurs epidemically, that puerperal fever is apt to arise. The truth of these observations has been several times confirmed in the Rotunda Lying-in-Hospital, and large surgical hospitals of this city."

The *treatment* of idiopathic erysipelas, is considered under two heads—the constitutional and local.

The *constitutional* treatment will be varied according to the theory entertained as to the nature of the disease. Those who regard it depending on *hepatic* derangement, very naturally address remedies to the liver; others who consider it as essentially an *inflammatory* disease, resort to *depletion;*

while another class looking to its *asthenic* character, resort to tonics and stimulants; and, finally, the urine being found to manifest a high degree of *acidity*, some employ alkalies as the principal remedies. On this subject the author remarks:

"Seeing that these so opposite plans of treating erysipelas are reported by those who have proposed or adopted them as being attended with almost invariable success, we are forced to the conclusion, that in the ordinary run of cases constitutional treatment is of little importance. Unquestionably cases occur in which there are extreme inflammatory action and high fever, demanding the use of bleeding and antiphlogistics; and others in which the vital power is so low and the accompanying fever assumes from the onset so marked a typhoid type, that the most powerful tonics, stimulants, and nutrients are clearly indicated. My own experience, which, however, it is right to say, has been chiefly acquired in this large and crowded city, is decidedly in favor of the tonic and stimulant plan of treatment. I ordinarily rely on the use of bark, which I give from the very commencement of the disease; in the very old or debilitated combining it with tincture of serpentaria, as in the following form:—

℞. Tincturæ Cinchonæ, ... fl ʒiv.
Tincturæ Serpentariæ, ... fl ʒiij.
Tincturæ Croci, ... fl ʒj.
Decocti Cinchonæ, ... fl ʒxj. Misce.
"An ounce to be taken every sixth hour."

At the same time giving wine and nourishing diet according to the circumstances of each case.

The preparations of iron are by many preferred to those of bark in the treatment of this disease; their mode of action would appear to be similar: the tincture of the sesquichloride, in the dose of from twenty to twenty-five drops every second or third hour, has been especially recommended by Dr. and Mr. Bell, of Edinburgh, in a paper lately published by them.

I consider the use of purgatives in the early stages of erysipelas as decidedly objectionable: they tend to increase the debility, usually so important a characteristic feature of danger, and, determining to the mucous membrane of the alimentary canal and to the abdominal viscera, their action prevents the full development of the eruption on the cutaneous surface,—a circumstance to be especially avoided in the treatment of all inflammatory diseases of the skin,—and thus

gives rise to local congestions and transference of the inflammation to some internal organ."

On the subject of *local* treatment, the following methods are recommended.

"In the milder forms of idiopathic erysipelas, the best and only local treatment requisite consists in dusting the inflamed parts freely with wheaten flour or finely powdered starch, which may be conveniently applied from an ordinary dredging-box; the dredging should be repeated several times in the twenty-four hours. It allays the burning pain and irritation, and always proves highly grateful to the patient; therapeutically it appears to act by protecting the surface from the air, and by drying up the discharge as fast as it exudes from any vesications which may have formed. When the vesications are numerous, and the discharge excessive, I have found the addition of a drachm of oxide of zinc and twenty grains of finely powdered carbonate of lead to half a pound of starch of much advantage. In using this combination the mixed powders should be well shaken each time before the parts are dusted with them, as, in consequence of their specific gravity, the zinc and lead soon sink to the bottom of the vessel in which they are kept.

Anointing the inflamed surface with melted lard is by some preferred to the use of dusting powders. Mr. Wilson speaks highly of his experience of it, having first, he says, employed it on the recommendation of Mr. Grantham, whose method is, "to relax the skin with hot water or steam fomentations, and after each fomentation to saturate the inflamed surface with hot lard, which is afterwards covered with wool."

When erysipelas is spreading rapidly, although superficially, over the cutaneous surface, the inflammation still persisting in the parts where it first appeared, inunction with mercurial ointment has in my experience more effect than any other local application in checking its progress. The ordinary mercurial ointment, to every ounce of which a drachm of glycerine has been added, should be smeared thickly over the inflamed surface, and on the sound skin for a considerable distance beyond; it need be applied only twice in the twenty-four hours, and if any symptoms of salivation be produced, its employment should be at once stopped.

Acting as an impermeable varnish, and probably producing some effect also by the compression it causes, colodion has been successfully employed by Spengler and Rapp as a local

loped with a charcoal poultice, and afterwards dressed with lint soaked in a lotion, containing from one to two ounces of the solution of chlorinated soda or chlorinated lime to the pint of distilled water.

It is not a little remarkable that Dr. Neligan should omit all mention of *iodine* as a local application. Experience has taught us that the strong tincture of iodine, painted on the affected surface, is one of the very best local applications. We are at this moment treating a case in which this remedy is producing the best of effects. Beyond all question, the best local remedies, are iodine, nitrate of silver, collodion, and in some cases, mercurial ointment.

That obstinate and often obscure affection, *prurigo*, the author places in the order *Papulæ*, at the same time remarking, that its occasional occurrence without any visible phenomena renders it doubtful whether prurigo should be termed an *eruption* of the skin. But, as it is often attended with papulæ, it is deemed proper to class it with lichen. The disease is described under two forms—vulgaris and senalis. The author, in a very laconic manner, announces the pathology of the disease is chiefly a *hyperæsthesia* of the cutaneous structure, the change of the skin being produced by the local irritation of the skin thereby occasioned. This, of course, is about equivalent to no explanation at all—but, perhaps, it was as well to leave it so. The *treatment* was thus summed up.

Treatment.—If this view of the pathology of the disease is correct, it is manifest constitutional remedies are most to be relied upon in its treatment, nevertheless, as in other nervous affections, topical medication should not be neglected, and is often attended with the best results. The state of the general health should in all cases first receive attention, for, until this is regulated as far as practicable, the employment of remedies more immediately directed to the disease will be found useless. With this view, mild mercurial and saline purgatives may be prescribed to correct the secretions from the digestive organs, and when there is a deficiency of bile in the discharges, as is not unfrequently the case in adults and old persons, dried carbonate of soda and extract of taraxacum

mities, this line is made to surrround the limb completely. Mr. Higginbottom, who amongst English surgeons is the chief advoctate for the use of this agent, at first recommended the employment of the solid nitrate to the inflamed surface; but in his observations, recently published, and which contain the results of his accumulated experience, he states that he prefers a solution containing a scruple of the salt to a drachm of distilled water. He gives the following direction for its application: "The affected parts should be washed well with soap and water, then with water alone, to remove any particle of soap remaining, and then wipe dry with a soft cloth; the concentrated solution of the nitrate of silver is then to be applied two or three times over the whole inflamed surface, and *beyond it* on the surrounding healthy skin, to the extent of two or three inches." In twelve hours, should the erysipelatus inflammation be unaffected, it is to be again applied; when vesications exist, they should be opened previously to the application. I prefer to use the nitrate of silver in the form of ointment, a drachm to the ounce of lard; it thus comes more completely into contact with the inflamed surface, does not dry up so rapidly, and is more easy of application to some parts of the body, as to the scalp.

Sulphate of iron, both in solution and in ointment, has been recommended as a most valuable local application in erysipelas by Velpeau, but I have not seen it prove so useful as nitrate of silver; the solution which he used contains one part of the salt dissolved in fifteen parts of water, and the ointment consists of one part of the sulphate to three or four of lard.

Blisters are sometimes employed with success to prevent the spread of erysipulatus inflammation; they are applied at the margin of the affected surface: their effect appears to depend on a new action being excited in the parts, and their use seems to prove especially of service in the erratic form of the disease. The only other local remedies requiring notice are, creasote, which, painted over the surface, has recently proved successful in the hands of some practitioners; and congelation of the surface by means of pounded ice and salt mixed in a bladder, which has been proposed by Dr. Arnott: from the use of the latter it may be apprehended that some internal organ might be attacked.

Should erysipelas assume a gangrenous tendency, in addition to the internal administration of the most powerful tonics, as wine, bark, and quina, the parts ought to be enve-

disease, and in the very chronic forms the sulphurous mineral waters, as those of Lucan, of Harrowgate, of the Pyrennes, &c., prove of unquestionable benefit. Indeed, in all cases change of air, if possible, to the original sources of mineral waters, the saline in the early stages, the chalybeate in the more advanced, and the sulphurous when the disease is very chronic and obstinate, so that they may be drank there, is highly advisable.

The local treatment is now to be spoken of: and at first nothing is requisite further than the daily use of the *hot* fresh water bath, to which, if the itching is extreme, gelatine should be added, or alkaline baths may be employed, if the eruption is well developed on the skin; as the disease advances and becomes chronic, sulphuro-alkaline baths—three ounces of sulphuret of potassium, and an ounce of carbonate of potash to thirty gallons of hot water—will be used with benefit; and in senile prurigo, especially that form in which pediculi cover the body, the surface should be smeared half an hour before going into the bath with mercurial ointment diluted with three parts of prepared lard, and a drachm of glycerene added to each ounce. To allay the pruritus, various lotions and ointments have been recommended; of the former, those containing the vegetable acids, such as lemon juice, vinegar, and cherry laurel water, are especially useful: black wash also has proved very serviceable when the disease is local; and lotions, containing corrosive sublimate, muriate of ammonia, watery extract of opium, prussic acid, preparations of lead or of sulphur, may be tried when other applications fail. From the use of chloroform in the form of ointment, as recommended in the chapter on Urticaria, I have derived most excellent results; in fact, latterly have I seldom had occasion to employ any other application; but the substances mentioned above, as being used in lotions or washes, may also be applied as unguents, and the addition of glycerine will generally be found of advantage. In very obstinate cases the chloroform may be combined with iodide of lead, as follows:—

℞. Iodide Plumbi, ... gr. xij.
Unguenti Ceræ Albæ, ... ʒj.
Chloroformi, ... m. viij. adm. xij.
Glycerinæ, ... fl ʒj. Misce.

When greasy applications are used, alkaline tepid baths should be employed daily to cleanse the skin, the patient remaining in the water for at least twenty minutes.

Strict attention to diet and regimen is requisite in all cases; stimulant food or drink being especially avoided.

The author discusses with some care the subject of Porrigo, and remarks that the *treatment* must embrace constitutional and local remedies. The two alterative remedies on which most reliance is placed, are *arsenic* and *iodine*. The following is the preparation to which he gives a preferance, the dose being for a child ten years old.

℞. Arsenici Iodidi, ... gr. j.
Mannæ duræ, ... gr. vj.
Mucilaginis quantum sufficit ut finat pilulæ duodecim.
"One to be taken three times a day."

This is the preparation which I usually prescribe in the treatment of porrigo; in some cases, after it has been taken daily for five or six weeks, headache and dryness of the mouth and fauces are complained of, which quickly disappear, however, on intermitting its use for a few days. As in the other cutaneous affections, for which these medicines prove so valuable a remedy, their administration must be persevered in for a long period, and the dose increased very gradually and slowly; they must also be given for some time after all traces of the local affection have disappeared. In decidedly scrofulous children, the administration of cod-liver oil simultaneously with that of the iodine of arsenic is attended with the best effects, and in cases in which from any cause arsenic may disagree, iodine may be given dissolved in the cod liver oil, in the proportion of the twelfth of a grain in each fluid drachm. The following is an outline of the local treatment: when the disease is situated on the scalp the hair is to be cut, *not shaved*, as closely as possible, and a large linseed meal poultice applied and kept on for twelve hours, so as to soften the crusts, and repeated for a second or third time if necessary. As soon as the poultice is removed, the head is well washed with a strong carbonate of potash lotion,—a drachm to a pint of distilled water,—and slightly brushed with a soft hair brush or roll of lint; the scalp is then covered with the carbonate of potash ointment—a drachm to one ounce of prepared lard and a fluid drachm of glycerine—spread on lint, and over it a closely fitting oil silk cap is placed: the ointment is renewed twice daily. By the use of these applications the crusts of the eruption are generally completely removed in from two to three days. The carbonate of potash

ointment is at the expiration of this time replaced by one containing the iodide of lead, in the portion of half a drachm of the iodide to an ounce of prepared lard, which is to be renewed morning and evening, the head being well washed with the carbonate of potash wash every time before the ointment is re-applied. In some cases it will be found that the iodide of lead ointment excites a certain degree of inflammation of the surface of the scalp after it has been used for some days; when such occurs it should not be applied for a day or two, and the lotion employed alone three or four times daily. After this first attack of inflammation disappears it rarely recurs again, although the use of the ointment be persisted in for months. The strength of the ointment should be increased after a fortnight, and if the disease again appear, even to double that above indicated. The oil-silk cap should be kept on the head until a cure is effected; the advantage derived from it is twofold; in the first stage of treatment, by keeping the hard and firmly planted crusts of the disease in a constant atmosphere of warm moisture, it softens, and thus renders them more easily removable; and in the after treatment the mucedinous vegetable being retained by it in the closest contact with the iodide of lead and the emanations arising therefrom, is more certainly destroyed, and its reproduction prevented.

After continuing this treatment for at least three weeks or a month, all external applications should be stopped, and the hair allowed to grow, so as to ascertain if the fungus will be reproduced; for it often lies dormant, and suddenly shoots forth, increasing rapidly when no longer subject to the action of the iodide of lead. Should it again return, the local applications must be had recourse to as before, immediately on its appearance. The administration of the iodide of arsenic should be continued until we are quite satisfied that the cure is complete."

Speaking of alopecia, or baldness, the author makes the following sensible remark; "Congenital and senile baldness are incurable, as is also that form of it which is hereditary." That is precisely our own opinion. Nostrum venders have made fortunes by false promises to those whose hereditary predispositions were removing their hair, but it is extremely doubtful whether any well authenticated case can be found in which a restoration has been effected. This single line from

Dr. Neligan contains more truth than all the puffs of vaunted specifics ever placed before the public. Doubtless various stimulating applications may for a time limit the destruction of the hair, but full restoration is clearly impossible.

We must conclude our extracts with the following remarks, found at the close of the work.

"Before concluding, a few words are requisite as to the hygienic measures best adapted for cutaneous diseases. As a general rule, the diet must be, of course, regulated according to the individual requirements in each case, but as these affections are usually evidences of constitutional debility, though so frequently attended with a tendency to local inflammatory or irritative action, it should be nutritious but not stimulating. Restriction to an almost purely milk and farinaceous diet is attended with the best results in the majority of instances, and should be almost invariably enforced with infants and children. Change of air to a dry, elevated position, is often of great service, but extremes of cold and heat should be avoided as much as possible. For the latter reason, the surface of the body should be kept as far as can be of an uniform temperature by attention to the clothing worn, which however, should never be such as to check the insensible perspiration, or tend to condense it on the integuments. That worn next the skin should be soft and unirritating, and therefore woolen should be avoided, soft calico or silk being preferred for under clothing. In referring to change of air, I wish to record it as the result of my experience, that a residence on the sea shore usually proves injurious in cutaneous eruptions, the fine saline particles which float about in the atmosphere appearing to aggravate the disease by exciting local irritation: the climate of those districts which are situated a short distance inland is however, well adapted for persons afflicted with them.

Great objections are often raised to the cure of cutaneous eruptions, particularly those which are attended with a copious secretion, more especially if they have been of long existence, for fear of their sudden removal or the stoppage of the discharge with which they may be attended causing some grave internal disease; but I have never seen any ill consequences result when they were removed by constitutional treatment, nor even in the case of infants or children who may be teething; on the contrary, I have invariably wit-

nessed the general health to be much improved in all respects thereby; but the sudden cure by the employment of topical remedies only, such as caustics or powerful astringents or stimulants, is certainly not advisable unless the eruption is of small extent and has been of short duration.

ART. V.—*On Syphilis, Constitutional and hereditary; and on Syphilitic Eruptions.* By ERASMUS WILSON, F.R.S., author of "a Treatise on Diseases of the Skin" &c. with four colored plates. Philadelphia: Blanchard & Lea. 1852 pp. 284.

This work lays claim to originality, and is founded upon the ample observations of the author "without reference to the opinion and labors of others in the same department." Viewed in this light it ought to be examined by all who are interested in the subject. In all the apparent discrepancies of appearance, resulting from this disease, the author maintains that there is but *one poison* and *one eruption*. If the votaries of Venus could but be fully impressed with the truth of the author's views, it appears to us that some at least of them would be restrained in their headlong course of destruction. He says,

"The tenacity of the syphilitic poison to the human organism cannot but lead to the conclusion that once admitted into the blood and tissues of the body, it remains there for life. It may not manifest its presence by any outward sign, but this cannot be received as an argument against its existence; for, at the most distant period, it may suddenly become developed as a cutaneous eruption, an intense pain in a nerve, an inflammation of a bone, of the periosteum, of a gland, or, indeed, of any one of the organs of the body. Should the individual escape, his children may suffer sooner or later; and I am firmly of opinion, that the powers of the poison may be manifested after the lapse of several generations.

"As may be naturally concluded, the syphilitic poison becomes altered in its mode of manifestation by time; it sinks deeper into the substance of the body; it produces a more decided organic change. These are the characters which distinguish the "tertiary syphilis" of Ricord; and if the ob-

servation be true with regard to the individual, it is equally true in its application to his race. What is syphilis in the parent, may be scrofula in the child; but the latter is no less a modification of syphilis. These syphilitic eruption on the skin of the parent may be a consumption in his offspring."

The above view seems almost to approach the romances of Hahnemannism, and although it has much of its foundation in truth, may we not hope that the picture is overdrawn? We certainly think it is, otherwise, sooner or later the whole human family may be charged with this all pervading, everlasting poison, which with its effects must soon destroy the constitution of every son and daughter of Adam.

The work is of great value as an original monograph on this interesting disease, and cannot be dispensed with, by those who wish to keep themselves posted up in reference to it. For sale by H. W. Derby & Co. Main street.

ART. VI.—*A practical Treatise on Dental Medicine, being a Compendium of Medical Science as connected with the Study of Dental Surgery: to which is appended an inquiry into the use of Chloroform, and other Anasthætic agents. Second Edition, revised, corrected and enlarged.* BY THOS. C. BOND, A. M. M. D., Professor of special Pathology and Therapeutics in the Baltimore College of Dental Surgery. Philadelphia: Lindsay and Blakiston, 1852, pp. 366.

The above is the title of an exceedingly useful book, which is intended to supply a vacancy heretofore existing in reference to students of Dentistry. This specialty of medicine has been too much isolated from the parent stem of medical science; and it is only when studied in that relation that it aspires to a position which can place it under the care of its proper paternity. Mere mechanical tact is not enough to satisfy the scientific dentist; he must be placed in possession of medical principles, because he has to do with living structures, requiring a knowledge of the laws of organization, both

physiological and pathological. This work is most excellent as far as it goes, and calculated to be of great value to those who cannot find time to attend full courses of instruction on physiology and pathology; and presents much that is of value even to those who can do this. The dental profession is under much obligation to the author for thus presenting in a clear and summary way the most important points of pathology which relate to this specialty. We can heartily recommend it, both to the dental and general medical student. For sale by H. W. Derby & Co., Main st.

PART III.

FOREIGN SUMMARY.

1.—*The Asthenic form of Internal Inflammations.* By Dr. Alison, Edinburgh.

[The following *Report*, although long, will repay perusal. The able author is one of the most accurate, clear, and reliable of the Edinburgh writers, and our readers will not fail to appreciate a paper derived from such a source.]

I recur to this subject—of which I offered a few illustrations last year—because it seems to me of such importance as to make it highly desirable that we should possess as precise information in regard to it as its nature will admit.

It is important with a view to theory, because we cannot have correct notions of the nature of inflammation, or its effects on the living system, without being assured whether or not it is the fact, that the same local changes, to which we give that name, in the same textures and parts of the body, leading to the same effusions and consequent lesions of texture, may, in different persons, and in the same persons in different seasons (independently of any complication with other diseases), go on in connection with, and may even prove the immediate cause of, nearly opposite forms of constitutional disorder, and may therefore be fatal in very different ways. In particular, this observation has always appeared to me to be very important in reference to the question, whether the state of inflammation (denoted with most accuracy by the precise nature of the effusion and consequent lesion, in any individual texture of the living body,) can be reasonably ascribed to any conceivable modification of the natural power of contraction, with which the vessels supplying that part are endowed. If we find that inflammation, from first to last, or during its most active stage, is not only compatible with, but is apparently supported by, nearly opposite conditions of the

flow of blood through those vessels,—and accordingly, that it appears to be moderated and restrained in different cases, by means the effects of which on the contractile power of vessels are quite opposed to one another,—we have surely, in those facts, a strong ground for the opinion, that neither the "solus spasmus" nor "simplex atonia" of Hoffman or Cullen or Hunter—indeed, that no modification of the vital power of vessels—can be regarded as the main cause of inflammation.

Again, it is equally important in a practical view, to understand that it is not the circumstance of any part of the body being affected with inflammation, or even with inflammation in any particular stage of its progress, which demands any particular remedy, either of the sedative or stimulating class; but that remedies of different character, and even modes of treatment apparently opposite, may not only be adopted with general success, but, on careful examination of individual cases, may appear decidedly useful; *i. e.*, useful in sustaining and promoting the different natural processes, which are the chief agents in conducting all inflammations to a favorable termination.

This assertion is, however, only extending to the vital actions of nutrition and exhalation concerned in that process, a principle which is now generally admitted as to the vital actions of the nervous system. The inquiries and observations of Dr. Abercrombie, Dr. Marshall Hall, Dr. Gouch, and many others, have unequivocally shown, as to many casees of threatening of apoplexy, and of symptoms resembling phrenitis or hydrocephalus—what perhaps was better understood previously in regard to epilepsy, and to delirium tremens—that the morbid actions of the nervous matter indicated by these diseases, may not only take place under nearly opposite conditions of the central function of circulation, but be obviously aggravated and prolonged, if not excited, by deviation in the way either of increased or deficient supply of blood from the healthy state; and therefore, that according to the existing state of the circulation, symptoms almost exactly of the same kind, affecting the functions of the brain, pervigilium, delirium, spasms of different kinds, even stupor, may be obviously benefited in some cases by depleting, and in others by stimulating remedies; or that opiates and other narcotics, which exert a certain degree of peculiar or specific influence on different kinds of delirium or spasms, may appear on the most careful examination of individual cases, manifestly aided in their effects, sometimes by a sedative and

sometimes by a stimulant influence exerted on the circulation, —according as the state of the circulation, going along with that morbid action of the brain, deviates in one mode or in another from the healthy condition.

In like manner, we now understand, certainly better than formerly, the true pathology of many cases of various modes of affection of the brain, which depend on the retention of urea in the blood; and we know, that the action of this retained poison on the nervous matter is in some cases (and those, if seen in time, the most manageable,) connected with a rapidly excited and vigorous state of the heart's action, maintaining a congested if not inflammatory condition of the kidneys, and that in some such cases, the effect of general bloodletting on delirium, spasm, or coma, is as rapidly and decicively beneficial, as in any case of acute inflammation or hemorrhage; but that in other cases the disease of the kidneys, although indicated by the same condition of the urine, and leading to the same diseased actions of the brain, proceeds slowly and insidiously, and is neither attended by any such excitement of the circulation, nor capable of being benefited by any such remedy.

But these things being so, there is nothing anomalous or perplexing in the farther statement—at least equally important, if true—that the process of inflammation itself, consisting essentially in a peculiar perversion of the fundamental vital action of nutrition, is in like manner by no means uniformly attended by the diathesis phlogistica of Cullen and the older authors, which is "*always* characterized by a hardness of the pulse, is increased by all tonic and stimulant powers applied to the body, and is most effectually taken off by the relaxing power of bloodletting" (First Lines, § 247;) but that it is sometimes attended by an increase, and at other times by a rapid diminution, of the powers moving the blood through the body; and that according to these varieties of the circulation, the natural process by which this morbid action is brought to a favorable termination, may be obviously aided in some cases by remedies which have the opposite effect in others. We may state farther, that the coincidence of inflammation, even of such inflammation as causes very rapid and extensive, although peculiar effusions, with a depressed state of the circulation forbiding full or general depletion, when that inflammation has been of what we call a specific character (diffuse, or erythematic) and arisen from a specific cause, has been long known. What we now consider is the asthenic or

typhoid form of fever, going along with local inflammation of healthy character, proceeding from cold, and tending to the usual inflammatory effusions of lymph and pus.

How it should happen that these different forms of inflammatory disease should occur, and so different remedies be found useful, at different times and in different places, we must profess our entire ignorance. It is by experience only that we are assured that such differences exist,—that they exist too generally and too permanently to be ascribed only to occasional differences of temperature, or weather, or diet, or the constitutions of individuals; and farther, that they occur under the observation of the same persons,—as indicated by phenomena which are not matters of opinion, and under circumstances which require the alteration, if not absolute abandonment, of opinions which had been thought fairly founded on experience. If these observations are correct, therefore, they not only constitute a most important fact in the history of inflammatory diseases, tending remarkably to explain the otherwise unsatisfactory and perplexing variety of opinions which we find to have existed, among men of acknowledged discernment and judgment, as to the most successful treatment of such cases, but they open to us a new line of inquiry, the results of which no one can yet anticipate, into the nature of certain hitherto unperceived influences, pervading the surface of the globe and known tous as yet only by the modifications of vital action which they produce.

I can truly say, not only that it is no theoretical change of opinion which has convinced me, that many internal inflammations, resulting from the usually exciting causes, are now attended by a much more asthenic form of constitutional disorder than thirty years ago,—that they *may be fatal in a different way*,—and often demand a different treatment; but that this belief has been only gradually established, and, as I think, only as justified by facts frequently presenting themselves; and further, that it is still only avowed, in so far as facts, which can be easily described, seem to require; my belief remaining unshaken, that cases of internal inflammation have often occurred, which were restrained and conducted to a favorable termination by full and repeated bleedings, but which, under any other treatment, would have gone on to rapid disorganisation of the affected texture, and consequent death; but such cases appearingto me to have been sufficiently indicated by a peculiarity of the symptoms, which is seldom ever observed; and the inflammations of the same parts, now more common,

showing as distinctly, by other marks, that they neither involve exclusively the same danger, nor admit of the depleting treatment to the same extent, or an extent approaching to what was formerly common; without undeniable risk of consequences, which did not result from the large and repeated bleedings of former days.

In considering this question, it is first necessary to remember that we have now the means of recognizing internal inflammations, particularly in the thorax, which we did not possess formerly. The notion attached to the term pneumonia, when applied to a case in progress, in the time of Cullen or of Gregory, was merely *nosological*. It expressed a case of which the leading symptoms were—*inflammatory fever, dyspnœa, and pain in some part of the chest;* it was regarded as intense in proportion as the course of the symptoms thus observed in combination was rapid and urgent, and if not checked and altered in its progress by early and active treatment, was expected to go on to death by asphyxia—the danger being indicated simply by the degree of dyspœa. Dr. Cullen was at pains to explain, that he distrusted any diagnosis of the texture within the chest which was specially affected; that he was aware of the pain being often slight or absent; but that the pulse, in cases which he called pneumonia, seldom failed to be "*frequent, full, hard, firm, and quick*" (*i. e.*, sharp); and when deviating from these characters it was usually in the advanced stage, and was often irregular (which may frequently have been from complication with diseased heart). It was of this combination of symptoms, making rapid progress within a few days, after the usual kind of febrile accession, that Cullen and Gregory asserted so confidently that they implied great danger, indicated chiefly by the urgency of the dyspnœa, often amounting to orthopnœa, with flushing and turgescence of the neck and face, and that the only remedy to be relied on was full and repeated bleeding, used early, when effusion had hardly, if at all began, and while the pulse retained the characters stated above, and repeated as long as, in connection with that state of the circulation, the dyspnœa continued or recurred. It was allowed that the above description did not apply to the state of the pulse in all cases,—particularly that cases occurred in which the pulse, in the early stage, felt weaker than might have been expected from the other symptoms; and on cautious trial of blood-letting, and careful observation of its effects, it was noticed in some such cases that the pulse improved in strength after the

first bleeding, so as to suggest the idea that it had been rendered small and apparently feeble by the difficulty of transmission of blood through the lungs in sufficient quantity to excite strong action in the left side of the heart, and that this difficulty as to the use of the remedy therefore disappeared as these cases went on. I still maintain that, in these circumstances, full and repeated bleeding is the proper remedy, and every thing else is trifling; but I maintain further, first, that the pleuro-peripneumonia, as made known to us by auscultation and percussion, may, and at present often does, exist and extend itself rapidly over the lungs, without any such urgent dispnœa, and certainly without any such inflammatory fever, or such characters of the pulse as I have quoted,—sometimes with slight fever, sometimes with fever assuming rapidly the typhoid type,—and that in such cases the full and repeated bleedings are either unnecessary or unsafe; and, secondly, that cases of pneumonia answering to the description of Cullen and others, particularly as to the urgency of dyspnœa within the first few days, and the strength and *endurance* of the pulse attending that dyspnœa, are of rare occurrence at the present day.

Such cases as are here given show unequivocally, that we may have all the local indications of extensive and rapid pneumonia with very slight fever, and no urgent dyspnœa, and that in such cases *no active treatment is required.* The patients should, of course, be watched from day to day, and the usual remedies—local bleedings, blisters, antimonials, laxatives, opiates, etc.—in some of them may be very properly used, to palliate symptoms and appease anxiety, or to guard against aggravations; but the essentials of practice are merely *rest* and *low diet;* under these, cases showing that combination of symptoms may confidently be expected to get well by the salutary provisions of nature herself. If the frequency and firmness of pulse and dyspnœa become aggravated, more powerful antiphlogistics are demanded; if the fever becomes typhoid, or the pulse feeble and the expectoration difficult, wine and stimulating expectorants may be equally useful; but many such cases really require neither the one nor the other;—they may be withdrawn, as in the present cases, on careful observation of the symptoms, without inconvenience; and they ought not to be urged, in any such case, to such a degree as to affect the circulation materially, unless we see distinctly, by cautious trial, that the state of the circulation improves under their use.

If we are satisfied, as I think we may be, that in these circumstances, *when inflammatory effusion extends rapidly over the pleura and lungs, without any or but slight affection of the pulse or breathing*, whether this is a state of matters (as in these cases) which has spontaneously arisen,—or whether, as in cases to which I previously alluded, it is consequent on moderate bleeding and other antiphlogistic means, —the resources of nature for its abatement and rapid absorption may be safely trusted,—we may, of course, be very sceptical as to the alleged powers of any remedies, especially such as produce no sensible effect, in promoting that healing process. But all this teaches us nothing as to the real efficiency or importance of full blood-letting in pneumonia, as inculcated by Cullen and Gregory; simply for this reason, that those cases could not by possibility have been called pneumonia by these authors. They would have been called, no doubt, cases of catarrh, or at most threatenings of pneumonia, subsiding under an antiphlogistic regimen,—as it is admitted on all hands that all inflammatory diseases very frequently do, when within a certain grade of intensity.

These observations may be applied to the treatment of pneumonia by various means, which have little or no sensible effect on the body,—*inter alia*, by inhalation of chloroform, as lately recommended in Germany, and stated to have been employed in above 200 cases of acute pneumonia by Wauchere and Baumgartner, and by Varrentrapp,—simply by inhalation, repeated at intervals of from two to four hours, with remarkable success; although it is fairly stated by Varrentrapp, that two of his twenty-three cases, fully detailed, were bled, and two others treated by blisters and mercury, and that although he had only one fatal case under the use of the chloroform, he admitted during that time three others which were fatal, and in which it was not given on account of their severity or complications. See "Medical Times," new series, vol. iii. p. 414. The true mortality in the cases admitted under his care, therefore, was four in twenty-six. From what I have seen of the use of this remedy in some cases of severe bronchitis and asthma, I believe it to be one possessed of real efficacy in checking, at least, one form of inflammation, and promoting expectoration from the extremities of the bronchia; although its effect seemed to me, in these cases, to be very transient. But when it is stated that this is a remedy of such power that cases of pneumonia, trusted entirely to it, recover, on an average, as satisfactorily, as under any other

treatment,—and when statistical evidence in proof of this assertion is brought forward, investing the subject with the authority of the exact sciences, it becomes necessary to examine the grounds of these assertions somewhat more closely; and in this, as in all other cases where statistics are applied to the elucidation of our views in regard to the treatment of any given disease, the first question is, Are we sure that the terms employed denote the same things? In the present case, admitting, as I have no doubt we ought to admit, that all the cases termed pneumonia by existing authors are correctly named now, it is still quite possible that very few of them would have had that name in former times, and extremely probble that hardly any of those which were thus treated in 1851, would have been regarded by the best authorities in 1780, or even in 1810, as cases exemplifying the circumstances of pneumonic inflammation, which were then stated to involve much danger, or to demand full bleeding. Any comparison, therefore between the treatment of the nosological pneumonia of former days and the pathological pneumonia of the present, is vitiated by the uncertainty whether we are comparing similar cases. All the statistical information that we have does not inform us whether, in any one of the cases there treated, there were the "frequent, full, strong, hard, and quick pulse, and other marks of the phlogistic diathesis. The only information as to the pulse is, that on an average of all the cases it was at or below 80 on the fifth day after admission—*i. e.*, the ninth day of the disease; and as the mean age of the patients was not more than thirty-one, this is not a frequency of pulse which denotes any great intensity of fever. Neither are we told whether in any one case the patient could "lie on one side only, or only on his back, or could breathe only in the erect position, or whether, even in this posture, his breathing was very difficult, and attended with turgescence and flushing of the face, with partial sweats about the head and neck,"—which constitute the combination and rapid succession of symptoms, regarded by Cullen as denoting the danger of pneumonia. (First Lines, § 352.) If such cases occurred in the practice of the German authors who recommend the chloroform, and were witnessed in their early stage, making rapid progress, and the remedy withheld which, since the time of Hippocrates, has been regarded as our *summum remedium* in such cases, in order to make trial of the efficacy of a remedy not known till 1851, I can only say that the ideas of those gentlemen as to professional mo-

rality are widely different from mine,—so different that I cannot help feeling some distrust of their records of cases. But if, as seems to me much more likely, their cases of pneumonia were in general more analagous to those described in this paper,—if the pulse at the period of greatest intensity of the disease, when the inflammatory effusions were rapidly extending, was generally soft, the face pale, the skin cool, the circulation easily depressed, as by assuming the erect posture, the breathing not urgently difficult, or rather hurried than labored (on all which points the statistics tell us nothing),—it is in the highest degree probable that those cases would have gradually got well, as the cases here recorded did, without the use of any remedy beyond the rest, regulated temperature, and low diet, common to all febrile diseases treated in hospitals,—to which the result could reasonably be ascribed; and the chloroform may be safely regarded as having been only a palliative.

This is, in fact, only one out of many cases which might be adduced to show, that the difficulty as to the real power of alleged remedies over disease is seldom of a kind to be surmounted by the help of statistics,—certainly not by striking averages of patients treated by one method or another; simply because, in mathematical phrase, the *value of unity* is not known to be the same in the cases compared; they may have varied in many other particulars besides the use of the remedy under trial in one set of them and not in another.

This observation extends to many other statistical statements which have been brought forward in proof of the efficacy of the homœopathic or of various other forms of expectant treatment in inflammatory complaints. It is not sufficient to know that two sets of cases which we compare, are, on an average, seen from the same period of their disease, that their average age is the same, that the average known lesion of structure which they involve or threaten is the same, and its average extent the same, even that the average frequency of pulse and frequency of inspiration is the same, and that the average amount of complication of the proper symptoms of the disease, with other diseases, or with affections of other parts, takes place. All these things may be, and yet these cases may have differed from one another most materially—the value of unity in comparing them may have been very different, independently of the use or disuse of any particular remedy. In particular, we must always remember, that it is only in particular circumstances of indi-

vidual cases that any powerful remedy is thought, by those who are most satisfied of its efficacy, to be useful; and the more powerful it is in those, the more chance there is that, in other circumstances of the same cases, its effect may be injurious or fatal. The judgment of the practitioner is an element of the highest importance in the history of any case in which a remedy of alleged efficacy is tried; and this judgment is often determined by observation which he makes on the progress of the case, but which cannot be expressed in figures—*e. g.*, by what he can observe of the degree of strength and *endurance* of the pulse, the condition of the skin as to endurance as well as degree of temperature, the marks of muscular strength in the movements, even postures, of his patient, in the tone of his voice, the expression of his countenance, and other indications of the state of his sensations and thoughts.

Such cases as those here recorded show that inflammatory lesions in internal parts, of the very same kind, and, as far as any means of judging that we possess inform us, of the very same extent, which in some cases are attended by the urgent symptoms of inflammatory fever, pain, and dyspnœa, quoted from Cullen, may take place in others, with a very different set of constitutional symptoms, sometimes almost without fever, at other times with adynamic or typhoid fever; certainly without the symptoms either of inflammatory or hectic fever; and a little further observation will show, that the *mode of fatal termination* in these different cases of the same disease (as indicated on dissection) may be very considerably different. And if it be true, as now maintained, that these differences exist, not only in individual cases, but in the usual course of the same disease,—*i. e.*, of the diseased action which leads to the same lesion of structure,—at different times and places,— it is plain that very numerous and careful observations, supposed to be made on subjects exactly similar, may have really related to very different kind of diseased action.

The general inference which may be drawn from these considerations is one which might be easily supported by other arguments; that the question of the efficacy of any powerful remedy over the progress of any case of disease is usually a much more complex one than most questions in etiology, as to the power of a given cause to excite disease; or than some questions in pathology, as to the frequency or extent of certain lesions, or complications of lesions; which

may be satisfactorily solved by statistics. In judging of the power of a remedy, we may be aided by other means,—by observing its effect on the healthy body,—by reflecting on the pathology and mode of dangerous influence of the disease to be combatted; above all, by watching the change of symptoms in individual cases under its use;—but remembering the sources of fallacy depending on the spontaneous decline of diseases, the influence of various external causes besides the remedy in question, the varying judgment of practitioners, the varying nomenclature of diseases, and especially their varying type at different times and places, of which I am now recording examples,—we can easily perceive that it is very seldom that, in such inquiries, we can have the value of unity so defined as to enable us to draw any inferences on that subject, susceptible of useful practical application in individual cases, from multiplying numbers or striking averages.

In the two first of the following cases we had all the local, or what are now usually called the physical, symptoms which could have presented themselves if three-fourths or more of one of the lungs had been disqualified for its office by rapid inflammatory effusion, both on its surface and in its substance. In the first of these, which I did not myself see till she was convalescent, but which was carefully and daily examined by my predecessor in the ward, Dr. Bennett, the effusion evidently commenced while she was in the ward, although at a somewhat advanced period of the disease, and made rapid progress while she was under daily observation (particularly between the 28 July and 1st August). In the second, there was good evidence that it had taken place within the week preceding admission (*i. e.*, between the 12th and 19th September). In both, all the indications of the inflammatory effusion in the sputa, and in the sounds of percussion and auscultation, subsided rapidly within a fortnight after they were at their height; and certainly in neither of these cases were the indications in the state of the pulse and dyspnœa, described by Cullen, as the indications of dangerous pneumonia requiring full and repeated bleeding, ever present. Indeed both seemed to me good examples of the principle which I have long laid down, in treating of the practical applications of the local symptoms, in the state of the sputa and in the sounds of the chest, indicating inflammation of the pleura or lungs, which have been so fully and satisfactorily made out of late years, especially by the French pathologists,—viz., that we may place great reliance on these symptoms, as indicating the

presence, and in many cases the extension or abatement, of inflammation of these textures; but that we cannot trust to them at all, as indicating the amount, or even the proper time, of depletion which the cases require; and that, while we regard those symptons as the most decisive that we possess, for marking the nature and extent of the disease (considered pathologically), we must still look to the marks laid down by Cullen and others of the older authors, in the state of the pulse and the breathing, and to the endurance of these symptoms under the antiphlogistic regimen and remedies, as our warrants for using or withholding active remedies.

Case I.—Mary Hodges, æt. 38, admitted evening of 24th July 1852, of moderately robust habit, although having nearly the color of a mulatto. States that she has generally enjoyed good health till the 17th, when, after exposure to cold and wet, she was attacked with rigors, pain in the head, limbs, and abdomen, cough and expectoration of a tenacious character, and of a redish and green color. These symptoms continued slightly up to the date of admission, when she had no dyspnœa and no marked pain in the chest. On percussion and auscultation, sounds appeared healthy. She complained of pain in the head, back, and extremities; tongue loaded with a dry brown fur; appetite impaired; bowels not opened for the last six days; urine turbid, spec. grav. 1020, acid, not coagulable; she sleeps badly; skin dry and harsh, but without appearance of any eruption; pulse 80, of good strength; heart's sound and cardiac dullness natural. To have purgative enema and sinapism to the epigastrium. *26th July.*—Bowels freely moved this morning; pains in head, back and abdomen much relieved. *28th July.*—Cough has been worse for the last two days; there is now some dyspnœa and pain in the left side posteriorly; the expectoration is more profuse, quite viscid, and of a dirty green color. On percussion there is now well marked dullness over lower third of left lung posteriorly. There is distinct crepitation in the lower half of same side posteriorly, fine at the base of the lung, but becoming subcrepitous towards the angle of scapula; the vocal resonance is increased in the same part; the respiration of right side is free, and approaching the puerile character; pulse 80, of good strength; more appearance of debility. ℞. Sol. Antimonial, ʒj.; Aquæ, ℥iij. M. St., ʒss. q. q. 4ta hora. *Vespere.*—Vin, Rub. ℥iv. *30th July.*—There is now complete dullness over the left side posteriorly, as high as the scapula; vocal fremitus very distinct, and resonance of

voice increased. There is distinct crepitation to be heard as high as the supra-scapular region; dyspnœa increased; expectoration unchanged; pulse full, 88. Appl. vesicat. 4.5 lateri sinist. Omit the wine; low diet; antimony continued, with gt. vj. of solution of morphia in each dose. 31*st July*. Slight sickness from medicine; breathing much easier, bowels open; skin of natural temperature—moist; pulse 70, of moderate strength; expectoration still viscid, and tinged red, but diminished in quantity. 1*st August*.—Slight nausea from medicine; but she feels much better; there is no change on the left side, but there is distinct crepitation and partial dulness in the lower part of the *right* side; *pulse* 64, *soft, and rather weak*; urine clear; bowels open. Had ℥iij. of wine daily from this time. 3*d August*.—Feels greatly better; the right lung is quite free, and no crepitation is to be heard above the sixth rib on the left side; but there is still dullness and increased resonance of voice in the lower third; still some viscid expectoration, but free from blood; the tongue is clean; appetite good; sleeps well; pulse 64, of good strength; bowels open; urine contains a copious lateritious sediment. Omitantur medicamenta. From this date she continued gradually improving in general health, although no change could be perceived in the lungs for several days. Both crepitation and dullness on percussion *had, however, disappeared* by the 13th, and she was dismissed cured 17th August 1852.

Case II.—Mary Ann McDonald; æt. 20, wife of a soldier, admitted September 20th 1852. States that, previous to the present attack, she had never been confined to bed with sickness, but has suffered occasionally from cough and slight pains in the chest, being frequently exposed to cold and wet feet. This cough was not affected by the state of the atmosphere. On the 11th September 1852, after a heavy washing the previous day (when she had been exposed to cold while perspiring), she began to complain of general uneasiness and nausea, but no cough or pain in the chest. On the following day the restlessness and uneasiness continued, and in the evening she had repeated rigors, with severe headache and nausea. These were followed by pain in the chest, dyspnœa, and a constant harsh cough, accompanied by thick viscid expectoration, so completely stained with blood, as to be mistaken by the patient for hæmoptysis, but there were no coagula. She applied for medical assistance, and thought herself considerably relieved, but was not bled either generally or locally. Had a sinapism applied to the chest, but no further counter-irritation.

On the night of the 18th (the seventh after the rigors), she states that she had profuse diaphoresis, and awoke in the morning feeling much better, and the breathing easier. Since then the symptoms have continued to improve. On admission, appears of a moderately strong constitution, but at present rather exhausted; no marked dyspnœa; no lividity of face; general surface cool and moist, but not clammy; no eruption visible. She complains of headache; general soreness of trunk and extremities, and exhaustion; no pain in back, but dull aching pain in the chest, increased by cough, which is still frequent, but not so harsh as before admission, and accompanied with expectoration, chiefly viscid, gelatinous, slightly tinged with blood. On external examination, the chest seems well formed, and both sides expand equally in upper and fore part, but in lateral and posterior regions of right side the expansion is much impaired. On examination, cardiac impulse feeble; apex of heart beats in natural position; dulness and sounds normal; pulse 66, rather weak but regular. Chest, anteriorly, normal on percussion, with the exception of slight dullness at lower part of right lung; respiratory sounds on right side rather feeble; a friction murmur is to be heard with expiration at the lower and lateral part of same side. On left side, anteriorly, respiratory sounds rather puerile; vocal resonance natural. Posteriorly, left side normal on ausculation and percussion; upper part of right side also natural; but there is on this side *dullness from about the fourth rib to the base of the lung*, with increased vocal resonance in some points, approaching in character to œgophony; and about the lower angle of the scapula, a distinct double friction murmur is to be heard; respiratory murmurs in these parts generally inaudible, but there are no crepitous rales to be heard; there is cough, with slight expectoration of a tenacious viscid mucus, slightly tinged with blood, but no dyspnœa; complains of severe pain at the parts where friction murmurs are heard on full inspiration; tongue florid, slightly furred, dry and rough in the centre, tip and edges moist; great thirst; complete anorexia; no pain or difficulty of deglutition; bowels at present regular, but they were rather constipated previous to her admission. Catamenia have always appeared quite regularly; urine passed naturally and in normal quantity, spec. grav. 1021, not coagulable either by heat or nitric acid. Nervous and integumentary systems quite normal.—[Thos. Russell, *clinical clerk.*]

The patient had a blister on the right side on the night of

admission, and took on that night and the next day five or six doses of ¼ gr. of tartar emetic. The pain having abated, and the pulse being weak, not frequent, she had ʒiij. of wine daily from the morning to the 21st, and no other treatment. The expansion of the right side of the chest quickly improved, and the sounds gradually became more natural, so that, on the 2nd October, the sound on percussion, in the back part of that side, was hardly different from that on the other; the resonance of voice nearly gone: and the respiratory murmur, although faint, was distinct, and without rale, even to the lowest part.

The following case was seen only at a more advanced period of the disease, so that we cannot speak with certainty of the nature of the symptoms during the early stage of the inflammation.

Abscesses of Liver.

Case III.—Mary Turnbull, æt. 45, laborer's wife, admitted 20th August 1852. States that this, her first serious illness, commenced about a fortnight ago, and is attributed by her to exposure to cold during menstruation. The usual duration of the discharge is one week; but on this occasion it became suddenly suppressed on the fourth day, accompanied with rigors, pain in the back, headache, and general uneasiness and debility. Three days afterwards she suffered from severe pain in umbilical region, where, in a few days (eight days before admission,) she felt a small tumor, not larger than a pigeons egg, but which has rapidly increased since that time. For the last fourteen days she has vomited every thing taken into the stomach, and has suffered from constant painful diarrhœa, previous to which the bowels had not been open for eight days. The vomiting and diarrhœa have continued without abating; she has been under medical treatment, and leeches have been applied to the epigastrum and left hypochondriac regions. On admission, she appears naturally of a rather feeble constitution, and is considerably emaciated, with a sallow cachectic expression, but no yellowness of the face or eyes. She complains principally of acute pain in the epigastrum and left hypochondriac regions; constant vomiting, with severe diarrhœa; stools dark colored and watery, with some mucus; the tongue is moist, but coated with a thick brown fur in the centre; great thirst; no appetite. There is a distinct tumor, about the size of a large orange, in the lower part of the left side of the epigastric region, extending to the left hypochondriac and umbilical regions. The surface

over the tumor is exquisitely tender, and she complains of great pain in the swelling, so that it cannot be percussed; right hypochondrium distended and dull on percussion, but not tender; the catamenia have always been regnlar up to the present time; there is some difficulty in micturition and dysuria, but quantity quite normal; urine rather dark in color, with copious mucous sediment, spec. grav. 1018, not coagulable; pulse 104, weak and thready, but regular; slight palpitation, but cardiac sounds normal; surface rather chilly and damp; no eruption visible. She complains of no cough, but there is some subcrepitus under the left clavicle, with slightly prolonged expiration and increased resonance of voice. ℞. Calomelanos, gr. j.; Opii, gr. j.; St. Pil. tal. j.; 8va. q. q. hora. Hab. Supposit. M. Morph. ¼ gr.; Vini Rubri, ʒiij. *21st August.*—Tumor fully as prominent, rather diffused, dull on percussion, but not so tender; more pain in epigastric region; she slept better last night; still has vomiting; ingesta returned unaltered; diarrhœa much less; expression of countenance improved; pulse 108, firmer; skin pretty warm. Appl. hirudines. viij. Epigastris Injicietur Enema domest. *22d August.*—Had a stool after the enema yesterday, partly fæculent, with shreds of mucus; at the same time, the tumor became much diminished in size, but has since enlarged again, and is fully as tender as formerly, but pain in epigastrum is relieved; tongue moist; pulse 108, small and sharp. ℞. Calomel, gr. vj.; Opii, gr. iv.; Conserv. Ros. q. s. ut fiant Pil. iv.; St. j. 6ta q. q. horâ. Appl. hirudines, vj. tumori. *Vespere.*—Injicitur Enema. *23d August.*—Had a stool last night, watery, but more natural than before; pulse 96, small; vomiting still continues; felt very faint last night after the leeches; less pain in epigastrum to-day, but tumor is larger, and feels more prominent and elastic; she had some sleep during the night; complains of pain from enema. Appl. Cataplas. Emolient. Tumori, et hab. Enema Vespere Cont. alia. *24th August.*—Had a fluid bilious stool after the enema; still tenderness in the epigastrum, and vomiting unabated; the tumor is still tender, more diffuse, less dull on percussion, fluctuation perceptible in its centre; less pain on breathing or coughing; pulse 90, rather firmer; tongue furred; feels relief from camomile fomentations. Appl. statim hirudines vj. abdomini, repetatur Enema vespere. *25th August.* Had two stools after the enema; slept a good deal; still vomits mouthfuls of bilious matter without any effort; fluctuation of tumor somewhat extended; whole of upper part of

abdomen distended, fluid perceived in the lower part; owing to the weakness of the patient, the leeches were not applied; pulse 90, small. Repetat. Enema, Vespere. *Vespere.*—℞. Aq. Ammon. Ac., ʒj.; Sol. M. Morph., ʒiss.; Aquæ, ℥vij.; St. ℥ss. 3ta q. q. horâ. Hab Enema e Sol. M. Morph. M. xx. *26th August.*—The tumor was punctured to-day with a small trochar, and about ℥ij. of serous fluid, with a slight appearance of pus drawn off. She feels rather weaker to-day; pulse 100, thready; vomiting still continues, accompanied with pain in the epigastrum. Rep. Pil. Calomel. et Opii; et repetatur, Enema horâ Somni. *27th August.*—Had a dark stool since yesterday; no further discharge from the puncture; pulse very feeble; surface chilly, and covered with clammy perspiration; vomiting still returns on the least exertion. Hab. Sp. Vin. Gal., ℥iij. She died at five P. M., 27th August 1852.

Sectio Cadaveris, 28th August, nineteen hours after Death.—Surface of body pale; considerable lividity; in the left hypochondriac region a globular swelling is seen, soft, elastic, and evidently containing fluid, and about the size of a cocoa nut.

Abdomen.—Liver much enlarged, extending from the fifth rib to midway between the crest of the illium and the last rib —laterally, the *left lobe* extends into the left hypochondriac region, where it corresponds with the tumor already mentioned; it is firmly adhered to the peritoneum of the abdominal wall; posteriorly, it is attached by similar adhesions to the anterior and upper surface of the stomach; on separating this attachment, the cavity of the tumor was opened, and a large quantity of yellow, partly fluid partly curdlike, purulent matter immediately escaped. On separating the posterior attachment of the right lobe, another large cavity was opened, containing matter exactly similar to the other. On removing the organ, another smaller abscess was found in the upper and anterior surface of the right lobe. The substance of the liver was pale, but healthy. The abscess in the left lobe occupied nearly its whole extent; that in the right, of a similar large size, was completely surrounded by the substance of the liver.

Kidneys and other abdominal viscera, healthy.

Thorax.—Slight adhesions in right pleura at its upper and back part; along the greater part of the posterior aspect of the left, much more strong adhesions are found.

Lungs slightly emphysematous, otherwise healthy.

Heart.—Aortic valves considerably thickened; the interior of the aorta roughened by atheromatous deposit; other valves, etc., healthy.—[From the Journal of No. XI.—Mr. Russell, *clinical clerk.*]

The absence of any of the usual marks of liver disease, the appearance of pretty healthy bile in full quantity in the stools, and the almost complete limitation of the acute pain and tenderness to the *left* hypocondrium, where the tumor, and afterwards the fluctuation, were perceived, together with the small feeble pulse, the cold damp skin, and the incessant retching, so far deceived me, as to lead me to suppose the case one of peritoneal inflammation, supervening on chronic enlargement of the liver, and causing adhesion of several of the viscera, and an effusion of pus circumscribed by these adhesions; but on dissecting it appeared that, although all the peritoneal surfaces in the left hypochondrium were adherent, the collection of purulent matter (containing many irregular fragments of curdy matter) was entirely within the substance of the liver, and was only one of three large abscesses which it contained. I consider the case important chiefly on this account, that the rapid enlargement of the fluid effusion, constituting a large abscess, which occupied nearly the whole of the left lobe of the liver, and most probably the formation of two other abscesses likewise, occupying together fully one third of the substance of the right lobe, were distinctly perceived to take place during the time of the patient's stay in the hospital, between the 23d and 27th August; and coincided with such a state of the circulation as usually attends peritoneal rather than hepatic inflammation; the pulse being from 90 to 100, always small, generally so feeble, as I thought, to demand stimuli and opiates, the skin pale, cool, usually damp and clammy, and, in fact, the faintness and sickness such as were expected to prove fatal, and I have no doubt but for the stimuli and opiates given, would have proved fatal as early as the time when the fluid effusion was commencing; so that there could be no doubt, that this rapid and extensive inflammatory action co-existed with a most depressed state of the general circulation.

Still it may be said, that all this is no proof of any material *change* having taken place in the constitutional affection usually attending internal inflammation. It may be said, that we have evidence of such disease taking place now with slight or with typhoid fever,—not of its having really required so active treatment formerly; that the mild expectant treatment,

which was successful in the two first of these cases, was really all that was required in the cases alleged to have been attended with the more sthenic forms of fever, and to have demanded much more active remedies, in former times; and that it is only a *conjecture* to assert, that the disease has undergone such varieties in the course of time as to be now usually managed under a different course of treatment. In answer to this, I would observe, that the description given by Cullen, of the state of the pulse and breathing, demanding full and repeated bleeding,—his general description of the phlogistic diathesis "attending any considerable inflammations;" and especially the earnest warning given by him and by Gregory, that the condition of these functions, although relieved for a time, *usually recurred* after one or more bleedings, and only finally subsided after several (from six to eight, was by no means an unusual number,) are facts about which a practitioner of any experience and discernment could not be deceived; and I am only one of many practitioners, now living in this country, who are convinced that such cases frequently occurred from twenty to forty years ago;—more frequently in dispensary and private practice, than in hospitals,—because the patients were seen earlier,—and that they hardly ever occur at the present day.

For example, many pupils of the late Dr. Gregory will remember his describing the case of a gentleman, then practicing medicine in Edinburgh, who was under his care for pneumonia in the winter of 1810-11, who had been bled, before Dr. G. saw him, by his own brother, and at his own urgent request, three times within six hours, to the amount in all of 102 ounces of blood—*i. e.* there had been three bleedings, averaging 34 ounces each. Now in this case there could be no doubt as to the facts, that the patient—a man of intelligence and observation—expressed extreme anxiety, not only for the first, but for the last of these bleedings, and experienced signal relief from each, being certain, to use his own expression, that but for each of these he would have choked in a very few hours. It is equally certain, that when Dr. Gregory saw this patient, after these large bleedings, the state of his pulse and breathing were such that, after a short delay, he thought himself justified in directing a a fourth bleeding, to 25 ounces, within less than 24 hours after the first of the former bleedings, making in all 127 ounces taken within twenty-four hours; and I am happy to add, that this gentleman was not only immediately relieved, and in his own opinion and

that of his medical friends, saved at the time, but so little affected by these bleedings, that he resumed his ordinary occupations within a few weeks, and has been engaged in the active duties of his profession from that time to this—more than forty years.

Now I would ask any practitioner, who has attended carefully to the effects of blood letting practiced within the last ten or fifteen years, three times within a few hours, to half the extent above mentioned, on account of inflammation in the lungs,—Whether he has seen any patient in these circumstances whose breathing has appeared to demand, or whose pulse has so rallied as to justify, further bleeding within twenty-four hours from the first? Or whether he has not observed, after such bleedings, positive indications of enfeebled circulation, in softness of the pulse, cool, damp state of the skin, faintness on sitting up, etc., sufficient to warn him that this remedy had been carried, at least for the time, as far as was safe?

Another remarkable case was frequently quoted by Dr. Gregory, in which the symptoms of pneumonia, always relieved by bleeding, returned so frequently, and always with such strength of the circulation, that the patient lost in all 392 ounces, at sixteen bleedings, during three months that he was confined, and made likewise a complete recovery. The general observation with which Dr. Gregory used to conclude the recital of these and a few other cases of enormous loss of blood successfully directed in inflammatory disease, illustrates what I have stated, as to a form of such disease at least frequently met with in those days. "Remember, I do not quote such cases as models for imitation; but you must expect that, in most cases of well marked pneumonia, the symptoms will recur, after the first and second bleedings; and when they recur more violently or more obstinately than usual, it is of great importance that you should know, how far the bleedings have been carried, and how often they have been repeated, in some such cases with perfect success."

Farther, I can say, not for myself only, but for many other practitioners with whom I have conversed on this subject, and whose experience stretches back from 30 to 40 years, that the facts which we have observed, and which have limited the use of this remedy in our practice of late years, are such as could not have escaped observation, if they had occurred frequently in connection with inflammation within the chest, at the same period of the disease in former times.

I may mention, in particular, two cases on which, from particular circumstances, my attention was specially directed, where we had the symptoms of pneumonic inflammation, attended with a feeble state of the circulation, almost from the first; the amount of blood taken from them did not exceed ℥xij. in either case, after which, although the breathing continued short and somewhat labored, the pulse was so soft, and the febrile symptoms quickly became so distinctly typhoid, with muttering delirium and stupor, that, in anxious consultation of different medical friends, the only practice which could be farther attempted included the use of stimuli, as in typhoid fevers. Both these cases were fatal, but fatal by coma, with feeble circulation, as typhus fever usually is, rather than by asphyxia; and both showed, on dissection, the unequivocal appearances of hepatisation (not merely condensation or "cornification"); but occupying so small an extent of lung, in comparison with what I have seen in many other pneumonic cases, that we could not suppose that the whole cause of death lay there, nor regret that the loss of blood had been to so small an extent.

On the other hand, in watching the progress of cases of pneumonia that I have seen of late years, since my attention has been particularly drawn to this subject, and which have done well, with what I should formerly have regarded as inadequate depletion, often followed by the prompt use of stimuli,—I have been equally certain, that the state of the circulation and the breathing would have deterred from full and repeated bleedings any practitioner who had duly reflected on one of the favorite maxims of Dr. Gregory, that "the *vital indication*," by which he understood the use of stimuli, when the vis vitæ in the circulation was failing, "supercedes all others." In one case, in a young, strong, healthy man, seen last winter, although the symptoms were unequivocally marked, the local indications extending to the greater part of one lung, and one bleeding to about sixteen ounces gave immediate relief, the pulse rallied so little after it, that I hesitated about a second bleeding,—and should certainly, at any time of my experience, have thought a third bleeding inadmissible; but after the faintness from the second bleeding had abated, the breathing was permanently relieved, and the convalescence went on perfectly well, the quantity of blood lost having been less than thirty ounces.

In another case, of a middle aged lady, of spare habit, but previously healthy, in which the local symptoms, by percus-

sion, ausculation, and the state of the sputa, indicated affection of at least one half of the right lung, and which had been seen by a medical man from the second day, there was so little strength of circulation, that we had some difficulty in ascertaining the state of the sounds in the back part of the chest, simply from the inability of the patient to sit up, so that two applications of leeches, which took in all not more than twelve ounces of blood, one blister, and small doses of tartar emetic, continued for three or four days, but not urged so as to cause vomiting,—were the whole extent of the antiphlogistic remedies employed; these were alternated, after the fifth or sixth day, with small doses of wine; and although the febrile symptoms never showed the typhoid affection of the nervous system, they had so distinctly the adynamic form of affection of the circulation, and so distinctly improved under these small doses of wine, that no one who attended closely to the progress of the case, could doubt that the convalescence was accelerated, if not secured by their use.

I have lately watched the progress of another case, in a young man of delicate health, but previously healthy, who had been treated up to the fifth day, of a well marked pneumonic attack, by a homœopathist, and in whom we had all the indications which we can expect when at least half of one of the lungs has become impervious to air from inflammatory effusion. He had urgent dyspnœa on the fifth, and again on the eighth day, which was quickly relieved, on the first day, by bleeding to about fourteen ounces,—on the second, by ten leeches; he had likewise a blister, and nauseating doses of antimony repeatedly for several days; but his pulse, after these moderate evacuations of blood, was always soft, his skin always pale, cool, and moist; and a small allowance of wine (not above three ounces daily,) during the second and third weeks of the disease, while the natural sounds were very gradually returning to the affected lung, certainly caused no unpleasant symptom, relieved his uneasy feelings, and appeared distinctly to promote his recovery.

The greatest practical difficulty is in the treatment of cases of pneumonia where, although there is no evidence of contagion, nor any appearance of typhoid eruption, nor deafness, the pulmonic symptoms are attended, not only with a soft frequent pulse, but with typhoid affection of the nervous system. Such cases may sometimes be observed, as has been noticed in France, to affect the upper lobe of the lungs more than the lower; some of them graduate insensibly into the cases,

somewhat slower and less regular in their progress, of acute tuberculosis affecting the lungs; some of them may be ascribed to the previous action of intoxicating liquors, or may be said to be complications of penumonia with delirium tremens; but I have seen many within the last ten or twelve years, where the fever attending pneumonia took this form, without any such peculiar causes showing itself. I think I can add, that most of these have recovered; in one of them, still under observation,—a girl, aged twelve,—we had clear indication of extensive condensation of the back part of both lungs, and of much of the upper part of one; but from the gradual abatement of all the symptoms which has taken place during the use of small quantities of wine in the third and fourth week of the disease, I have good hopes that by the end of the sixth the natural sounds will be restored in all those parts of the chest; and the only practical observation I can make on such cases is, that they must be treated as we would treat unequivocal typhus fever, complicated with pneumonic symptoms;—by careful observation of their progress, more as regards the state of the pulse and breathing than as regards the extension of the disease, indicated by the sounds in the chest; sometimes by cautious blood-letting, more frequently local than general; sometimes chiefly by blisters, expectorants—nauseating or stimulating according to the state of the pulse, and anodynes; often by wine and ammonia, carefully alternated with, or succeeding to, these remedies; but always with the caution that, under rest, and low diet, and regulated temperature, the disease has a more or less definite course to a favourable spontaneous termination; and that while manifest contra-indications exist in the state of the symptoms, the smallest amount of interference, either in the way of stimulation or depression of the circulation, under which that progress can be seen to go on favorably, is the best that can be adopted.

The most important additional practical observation which results from the view of the subject which I have attempted is merely this,—that in all cases of this kind which present any difficulty, it is incumbent on us, just as in practising for contagious diseases, to attend to the "nature of the prevailing cases of the disease,"—*i. e.*, to regard it as an established though unexplained fact in the history of diseases, that not only the febrile disorder excited by a morbific poison, but that also which results from a local inflammation, excited by cold or other sporadic causes, is liable to great varieties at different times and in different places; insomuch that it becomes dan-

gerous to life in different ways, and may be most effectually counteracted by different means. Such an observation has, indeed, often been made before by Sydenham and other practical authors; but the distinctions which they have drawn have been too minute and desultory, and probably often too fanciful, to obtain very general assent; whereas I think we may regard it as certain, that the connection of the asthenic or even typhoid form of fever, with sporadic internal inflammations, and the rarity of the indications of a phlogistic diathesis attending those inflammations,—or of the advantage or safety of full and repeated blood-letting,—is a general fact observed over the greater part of Britain, and now of many years' duration.

When I first became convinced of this fact, from my own observation as well as from the reports of others, particularly of physicians visiting different parts of the Continent, witnessing the practice of homœopathic hospitals, of Fleischmann's hospital at Vienna, etc., it seemed to me probable that the internal inflammation, treated with so little evacuation, would be very apt to leave permanent lesions of the parts affected, often scrofulous, sometimes malignant; and the part of the statements of those witnessing such practice which I was most inclined to distrust was the assertion, that the convalescence of the patients thus treated was usually more rapid, than that of patients with inflammatory complaints treated by fuller evacuation. But, on watching the progress of cases of the kind, such, *e. g.*, as the two first of those given above, I have been satisfied that the observation is correct,—the absorption of the inflammatory effusion in such sases, even when very extensive, as particularly in the first of those given above, having often been effected with remarkable rapidity, and the subsequent rapid recovery of strength having indicated that the blood, although it must have undergone a change in the course of the inflammation, had quickly recovered its natural properties. This may be connected with the observation which I have repeatedly made, that in such asthenic cases blood, taken from the arm, although showing the buffy coat, has neither shown it of the thickness nor of the degree of tenacity which, in former times, we should have regarded as characteristic of acute inflammation. From the rapid and complete convalescence of some patients, likewise, whom I should have thought predisposed to tubercles, from such inflammatory attacks, I am aware that those who deny all connection between inflammatory action and deposition of tu-

bercle derive their best argument; and I would certainly yield to it so far as to allow, that when inflammation leads, as I believe it often does, to deposition of tubercles, this peculiarity of its effect must be ascribed rather to a morbid condition of the blood previously existing, than to any effect produced on the blood by peculiarity in the inflammatory process itself.

2.—*Cases of Induction of Premature Labor.* By George W. Thompson, M. D., Licentiate of the Royal College of Surgeons of Edinburgh, Hawick.

The induction of premature labor, while it is the simplest, and one of the most beneficial, of the operations in midwifery practice, is certainly at the same time the one of all others least frequently resorted to by the general practitioner, and consequently least known to the class of patients for whose benefit it has been proposed. A dislike to interfere with, or interrupt, the natural course and duration of pregnancy, and the dread that such interference, if attempted, might be followed by some disagreeable or dangerous consequence to the mother or the child, have gone so far in counterbalancing the advantages the practice otherwise possesses, that the result has been, in too many instances, that patients, the capacity and general formation of whose pelvis is such as to preclude the very possibility of their bearing a full-grown living child, are allowed to go forward to the completion of pregnancy, with the certain result awaiting them, that their labor, in addition to all its ordinary train of hazards, can only be completed by their being subjected, not certainly to a painful,—as, since the discovery and use of chloroform in midwifery practice, pain, in the great majority of cases, may be avoided,—but to an operation highly dangerous, and often hurtful to themselves, and whose sole aim and object is the mutilation and destruction of their infant. The following narrative of cases, though containing nothing either novel or unusual in the practice of this operation, may, so far as they go, at least assist in strengthening the belief in its utility and safety.

Mrs. H., aged 39, of remarkably short statute, but full and plethoric habit of body, florid complexion, and generally in the enjoyment of excellent health, was, on the 29th October 1848, confined of her first child. Her labor was long protracted, and very severe in its nature; the first stage was got

over with tolerable ease, but no sooner was that completed, and the second stage of labor set in, than her sufferings became almost intolerable. The head of the child after a time became firmly impacted in the brim of the pelvis, where, though the uterine contrrctions were remarkably powerful, and scarcely ever absent, it remained for many hours; delivery by the forceps was found to be impossible, and at length, after the greatest amount of suffering, and when nearly exhausted, she was delivered of an ordinary sized child by the crotchet and perforator.

On the 12th November 1849, Mrs. H. was again confined with her second child. On this, as on the former occasion, her sufferings were very great and long-continued. From the commencement of the second stage till its completion, nearly thirty hours elapsed, during which the expulsive pains were constant and very powerful; she was delivered, however, at last, after being nearly two days in labor, without the assistance of instruments, of a still-born and rather diminutive child, its head fearfully misshapen, and, to use her own expression, "its eyes nearly squeezed out" by the long-continued pressure to which it had been exposed.

These particulars of her former confinements were related to me by Mrs. H. when nearly six months advanced in her third pregnancy. Suspecting that some very serious obstruction or deformity must exist in her pelvis, to account for these unfortunate results, I elicited, on inquiry, that in early youth, when only about three or four years of age, she had met with a severe fall from a considerable height, which had produced lameness in the left limb. This had, however, gradually worn off; and in fact, so little after-consequences had it to all appearance produced, that until recalled to her mother's recollection by my inquiries, it had been entirely forgotten. With this exception, she could assign no other cause for her difficulty in parturition, nor could I, by external examination, detect any. To satisfy myself, therefore, still farther on the subject, I proposed an examination of the pelvis, per vaginam, with the view of discovering, as nearly as possible, its capacity and dimensions. To this Mrs. H. agreed; and I then felt convinced, from the extreme narrowness at the brim, and a remarkable flatness in the left side of its cavity, that it was impossible for her to bear a full-grown living child. Under these circumstances, and to give her the benefit of the only chance which seemed to exist of a fortunate termination to her pregnancy, I proposed the induction of premature labor

the nature of which I explained to her, and to which, after some hesitation, she was persuaded to submit. I accordingly resolved to bring on labor between the seventh and eight month, at about six weeks prior to the completion of her full time.

Early in the forenoon of the 24th October 1850, therefore, I introduced a sponge-tent, mounted on the firm, bent, steel probe recommended for this purpose by Dr. Simpson, well up through the os uteri, which I found to be small but very dilateable, the cervix being in the undeveloped state proper to, and usually found at, this period of pregnancy. In pressing up the sponge-tent into the interior of the uterine cavity, which was done with very little difficulty, its sharp conical point ruptured the membranes; but as its thick extremety completely filled up the os and cervix uteri, there was no escape whatever of the liquor amnii. The circumstance of the membranes having been ruptured in this way, though not usually advised, I certainly found to be of considerable advantage, as, by the sponge being brought into immediate contact with the liquor amnii, it expanded much more rapidly and completely than it would otherwise have done, and the first stage of labor was so much the more readily completed.

Within two hours from the time of the tent being introduced, Mrs. H. felt distinct labor pains commence, which went on steadily increasing, till she sent for me about eight P. M., when I found her in smart labor, which, to all appearance, promised to be rapidly approaching its completion. On examination, the os uteri was fully dilated, the fœtal head presenting in the first position, and nearly filling the cavity of the pelvis. In little more than an hour the head came to press upon the perineum; and before ten P. M., scarcely twelve hours after the operation for inducing premature labor had been performed, she was delivered, with great ease, of a very small, but sufficiently lively, female child, who, I am happy to say, is now a healthy and promising little girl, of nearly two years old, and not under the average size of children of a similar age.

About three weeks ago, I was again consulted by Mrs. H. on the approach of her fourth confinement. On this occasion I had no need of persuasion to induce her to submit to the same operation she had formerly undergone; but regretted to find that, through miscalculation on her part, she had allowed herself to go fully a week farther on than the time at which she was last delivered. On making inquiry as to the last appear-

ance of the catamenia and her time of quickening, I came to the conclusion that she wanted only five weeks to the completion of her full time of pregnancy, which I regretted, as giving the child less chance of living; and the more so from the fact, that owing to certain other circumstances, I found that it would be impossible for me to place her under treatment for still a few days longer.

On the 7th September 1852, the very earliest day that could be embraced from the time of her application, I accordingly again introduced, in the same way as before, the sponge-tent; but on this occasion avoided rupturing the membranes. Towards the morning of the eighth, labor-pains came on, but of a languid kind, which continued at intervals during the day, but subsided in the evening, when she fell into a sound sleep, from which she was only awoke at five the next morning, by a renewal of the pains.

On making an examination during the forenoon of the 9th, I found the os uteri only partially dilated, the membranes entire, and presenting the fœtal head still lying far up above the brim, and the sponge, tolerably well expanded, lying between the inner surface of the uterus and the amnion, which it had separated to a considerable distance anteriorly. With the view of hastening on delivery, I introduced a second tent between the membranes and the posterior aspect of the uterus; and on my return in the evening, found my patient now in active labour, the membranes ruptured, and the child's head presenting in the cavity of the pelvis. On this occasion, however, her labor, though greatly easier, was in many respects more like her two first confinements. The expulsive efforts were constant, continuous, and severe; and it was not until after the expiry of some hours that she was delivered of a living, but small female child, presenting the appearance of a fœtus at the eighth month, its head much flattened, and the face and surface of the body pale and livid, from continued compression. In a short time this lividity wore off, the child began to cry freely, and otherwise evinced so much strength as to give great hopes of its surviving. In this, however, we were disappointed; about twelve hours after birth, efforts at retching came on, and a considerable quantity of frothy blood and mucus was discharged from the mouth and nostrils, which being soon succeeded by convulsions, the child died some hours after, and within twenty-four hours from its birth.

Before adopting the practice I followed in the two last confinements of Mrs. H., that of turning (proposed and so ably

advocated in a late Number of this Journal by Professor Simpson) was maturely considered, and the question, whether Mrs. H. might not be allowed to go on to her full time of pregnancy, and an attempt made at that period to deliver her by version of the child, was thoroughly weighed. The amount of obstruction at the brim, and in the cavity of the pelvis, was, however, I considered, so great as to preclude the hope of saving the child by this operation, although it certainly might have, to a certain extent, shortened the period of suffering to the mother. And if proof were needed for the utility of, and urgent necessity for, the induction of premature labor in Mrs. H.'s case, the history of her last confinement abundantly afforded it. Here, ten days or at most a fortnight, and that between the seventh and eighth month, made all the difference between an easy labor, followed by a living and healthy child, and a severe and tedious one, ending in the birth certainly of a living child, but which died within twenty-four hours, evidently from the effects of compression on the brain. Her second delivery was certainly terminated by her own efforts, and without the use of instruments; but there was a circumstance during this pregnancy which differed from her former or succeeding ones, and which had a powerful influence over her delivery. This was the fact that, about three months previous to her confinement, and while cholera was very prevalent in her locality, Mrs. H. had successive attacks of vomiting and severe diarrhœa, one of which confined her closely to bed for three weeks, and left her, till the period of her delivery, weak and feeble, her appetite almost gone, and her general health considerably shaken.

The natural consequence of this was, that the child, a female one, was small and diminutive, not much larger, it was stated to me, than the eighth month child of which I delivered her last. And even with this circumstance acting in her favor, it has been seen that her labor was severe, very protracted, and unfortunate.

From her latest confinement, Mrs. H. has made a steady and excellent recovery, and has but one regret, namely, the circumstaece of not having earlier applied to me to have labour brought on; and so fully satisfied is she of the propriety of this operation in her case, that, should she be placed in similar circumstances again, she will not only cheerfully submit to its performance a third time, but take care to give more timely warning when the period of its necessity approaches. —*Monthly Jour. Med. Science.*

IV.

EDITORIAL DEPARTMENT.

CLOSE OF THE VOLUME—THE FUTURE.

The present number closes the *thirteenth* volume of the *Lancet*. In retrospecting the past year, it is quite natural to advert to the degree of success which has attended our labors, and to inquire to what extent we have met the just expectations of our patrons.

The object of a medical periodical is to inform its readers of the current events of the profession, including the various improvements in the different branches of our art and science, proceedings of societies, medical news, and every event which can in any way involve the interest of the practitioner. These different varieties of information are included in original communications, notices of new books, lectures and addresses, selections from medical journals, and editorial remarks. In glancing over our past volume, we find that it embraces 61 original communications, 27 notices of books, at least 140 selections from journals, and the editorial department, which contains not only the writings of the editors, but also a number of valuable articles from correspondents.

We do not know to what extent our labors have fulfilled the expectations of our readers; but we may be permitted to ask the question, whether the enumeration of articles above given—amounting in all (including editorial) to at least *three hundred*—does not indicate that the *Lancet* is worth *at least* the three dollars charged for it. It would be a poor compliment to place the intelligence of any reader so low as to render him unable to derive *three dollars* worth of information from such a variety of matter.

We have sometimes heard physicians complain that they derived but little information from medical journals, and they ascribe the result to a deficiency of interesting articles; but such complaints

always induce the suspicion that the fault is in the reader and not the journal. There is not, in our opidion, a medical journal in the United States which is not amply worth the price charged, and which will not convey to any careful reader a large amount of valuable information.

These reflections have not arisen from any complaints, of which we are cognizant, on the part of our patrons; on the contrary, we have reason to believe that our labors have been duly appreciated; and in evidence of this, we may mention, that the *Lancet* is steadily increasing in circulation, and seems to give satisfastion to its readers.

In relation to the *future*, we wish to say to our readers, that the *Lancet* will be made still more worthy of their patronage. It is our intention to devote a much larger share of attention to its interests than hitherto; we intended to improve its mechanical appearance and execution, and to make it, in every respect, *a first class medical journal.* To accomplish these objects, an increased amount of editorial supervision will be directed to the work; able correspondents, in different parts of the United States, have been secured; original lectures, communications, and notices of new books will regularly appear; and a summary of the progress of medicine in the United States, England, France and Germany, will be given in each number; to which will be added all items of medical intelligence likely to prove of interest to our readers.

With these arrangements, we confidently expect to make the *Lancet* worthy the patronage of an enlightened profession; and, in return, hope that our labors may meet with that encouragement which is due to all proper efforts to advance the interests of a noble science. We hope those who feel disposed to aid the circulation of the *Lancet*, will commend it to their friends, and ask them to subscribe. In this way our friends can materially aid us, and, at the same time, procure the work at a cheaper rate for themselves.

CINCINNATI RETREAT FOR THE INSANE.

We have received the announcement for the opening of the "Cincinnati Retreat for the Insane," which has been recently established near this city, by Prof. Edward Mead.

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CLOSE OF THE VOLU

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ber of years, engaged in the study
treatment of the insane; so that he
rise much experience and well matured
of the disease. We take great pleasure
stitution to those who may have a friend re-
ment before us we find the following statement
arrangement of the building.
provided for the purpose has heretofore been occu-
seminary, and is known as the Hygeia Female
some years under the charge of Rev. D. S. Burnet.
on the table lands which rest upon the lofty, triangu-
of hills, bounded by the Ohio and Great Miami rivers,
ley of Mill Creek: which secures it an isolated eleva-
five hundred feet, while it is situated in the midst of
beautiful, rolling, agricultural and horticultural districts,
with smiling cottages and lovely villas, constituting, alto-
of the most desirable localities on this continent. The
present a front of 170 feet, the centre being 60 feet deep.
in front, wooded and adorned with shrubbery and flowers,
two and a half acres, together with the lands adjoining,
a Retreat rarely equaled. It was appropriately named, as
appear from the fact stated by the former occupant, that in a
of nearly fourteen years, during a portion of which time the
and pupils about the institution numbered ninety persons,
has never been a single death, nor case of protracted illness.

A guarantee of the highest physical health is one of the most important desiderata to be borne in mind in the selection of a site for an institution for the treatment of mental disorders. The main building contains thirty-eight rooms, and in a few days eight additional rooms will be provided. The apartments in the centre building are nearly fifteen feet in height, and those in the wings are commodious, comfortable, and healthful.

The rooms will be furnished in a style of elegance to suit the wishes of the friends.

The improvements in progress embrace the substitution of iron sash of an ornamental pattern for those heretofore in use. These are now being cast expressly for the purpose. They will give security and neatness to the building, and will, at the same time, obviate the disgusting prison-like appearance presented by iron bars.

The construction of the building is such that perfect ventilation has heretofore been secured; any additional amount of pure air which may be required by the enlargement is guarantied by the employment of one of Chilson's Patent Air-warming and Ventilating Furnaces of the largest size, which is now being placed in the building. The capacity of this apparatus is sufficient to supply a continuous volume of regular, uniform, and healthy warm air to all the rooms, and it possesses also the important advantage, by the protection of its registers, of security from the danger of fire.

All the medical and moral appliances which are now recognized as curative agencies, by the best authorities, will here be brought in requisition, variously combined, to meet the varying indications of each particular case.

The following are the terms of admission:

Terms.—Fifty dollars will be required with each patient in advance on admission.

The weekly charge for board and treatment will be proportioned to the amount of attention required. Those who can be classified in groups will be charged *five dollars* per week; those who require a special attendant, *ten dollars*. After the expiration of the time paid for, if the patient should require to remain under treatment, future payments must invariably be made monthly in advance. Proper references, or security, will be required of persons coming from a distance for the removal of patients after recovery, or on the expiration of the time paid for and for all unavoidable damages.

Patients will be required to bring with them two pairs of sheets, two pillow cases, six towels, and one bed-quilt.

Letters of inquiry may be addressed to Edward Mead, M. D., or Rev. D. S Burnet, Cincinnati, Ohio.

The institution is situated seven miles north of Cincinnati, no

the turnpike road leading to Hamilton, midway between the Farmer's College and Mount Healthy. Omnibuses are plying four times a day between these points and the city.

OBITUARY NOTICES.

The following proceedings in relation to the decease of the late lamented Drake, have been forwarded to us, for publication. It affords us pleasure to record the testimonial of respect to the memory of one so illustrious in our profession.

At a special meeting of the Hamilton Medical Society, the following resolutions were adopted:

WHEREAS, Providence in his infinite wisdom has, in the death of DANIEL DRAKE, M. D. of Cincinnati, removed one of the brightest ornaments of the medical profession, as well as most useful men of the day.

Resolved, That the city and county in which he lived, have lost an eminent, and public spirited citizen—the church a worthy and consistent member, and our profession one of its brightest luminaries.

Resolved, That Dr. Drake, at the time of his decease, ranked among the most eminent of his profession; one of the ablest of its pioneers. His career, like the sun, grew brighter as it advanced, and in its setting lost none of its splendor.

Resolved, That his industry, his benevolence, his devotion to the glory of his profession, high moral integrity, his fearless advocacy of whatever measure he deemed necessary for the happiness and progress of mankind—his history presents a model which should guide the ambition of the young, and nerve the arm of riper years.

Resolved, That we tender to relatives and friends of the deceased our sincere and heartfelt condolence, aware at the same time of the impotency of our sympathy to heal the wounds caused by this dispensation. That as an additional token of respect for the memory of the deceased, and sympathy with the bereaved family, Drs. Rigdon, Falconer, and S. Millikin, attend the funeral as representatives of this Society.

By order of the Secretary,

L. RIGDON, *Pres't.*

W. T. GOING, *Sec'y.*

THE LATE DR. DRAKE.

A meeting of the Physicians of the city of Columbus, convened on the evening of the 15th inst., to notice the death of Dr. DRAKE. Dr. Wm. Awl was called to the chair, and Dr. John Dawson appointed Secretary.

On motion of Dr. Trevitt, a committee of three were appointed to draft resolutions expressive of the sense of the meeting. Dr. Trevitt asked to be excused from serving on the committee.

Drs. Jno. Dawson, S. M. Smith, and J. B. Thompson, were appointed said committee.

The committee reported the following:

Whereas, It has pleased the Divine Disposer of all events, to remove from among us Dr. Daniel Drake, late Professor of Theory and Practice in the Medical College of Ohio; and whereas, we, the Physicians of the city of Columbus, and Franklin county, feeling it to be a duty incumbent upon us to make an expression of sentiment in relation to the sad event, therefore,

Resolved, 1st. That, while we bow in humble submission to the inscrutible decree of Providence, which has taken Dr. Drake from among us, we mourn the loss as one that not only affected the interests of the Medical profession, but also the welfare of humanity.

2d. That, Dr. Drake, having lived a life characterized by industry in his profession, moral rectitude in society, and devotion to the principles of the Christian religion, he has been enabled to accomplish results that give him great character as a medical man throughout the world, an exalted position in the minds of all with whom he was personally acquainted, and an assurance to his family and friends, that he has inherited a rich reward in the future world.

3d. That, although the labors of Dr. Drake were mostly confined to the cultivation and advancement of Medical Science—an avocation in which his success has been exceedingly rare—he nevertheless, at every opportunity, exhibited himself in the character of the patriot, the philanthropist, and the benefactor of his race.

4th. That, as men, engaged in the profession of Medicine, we owe a tribute of respect to the memory of the deceased, for the zeal manifested throughout a long life of professional toil, of gratitude for the contributions that he made to the various branches of Medical Science, of admiration for the readiness with which he embraced and supported every thing calculated to give character to our profession, and of veneration for that trait of his mind which induced him on all proper occasions to dwell with earnestness and eloquence upon industry, courtesy, and moral rectitude, as the great elements of professional success.

5th. That, in token of our love for his memory, we will wear the usual badge of mourning for thirty days.

6th. That a copy of these resolutions be sent to the family of the deceased, to the Faculty of the Medical College of Ohio, and also published in the city papers.

WM. AWL, *President.*

JNO. DAWSON, *Secretary.*

DEATH OF MR. R. H. BISHOP.

It is with no ordinary feelings of pain and regret, that we are called on to record the death of a most estimable and intelligent Medical Student. Mr. Bishop entered the Medical College of Ohio at the opening of the present session, and gave promise of ardent devotion to his studies, which would open up a future bright with hope to himself and friends. He was intelligent, studious, and devoted to his duties; and by his urbanity of manners, and prudence of conduct, had secured the esteem of his teachers and class-mates. But death, in a sudden and unexpected manner, blighted all his prospects, and crushed the hopes of admiring friends. But what is their loss becomes *his* eternal gain; and as we drop a tear for the too early departed, let us emulate his example, and by unwearied perseverance endeavor to discharge our manifold duties, as he did, with unceasing devotion and well directed energy.

The following are the proceedings of his class-mates, which show the esteem entertained for the deceased:

At a meeting of the students of the Medical College of Ohio, held Dec. 7th, 1852, Mr. M. T. Cary was appointed Chairman, and Sam. Alexander, Secretary. The Chairman having announced the death of R. H. Bishop, Messrs. Disney, Cox, Shuey, Leonard and Denise were appointed a committee to draft resolutions expressing the feelings of the meeting.

The following were unanimously adopted:

Whereas, It has pleased Divine Providence to remove from our midst our fellow pupil, R. H. Bishop, whose many virtues gave promise of a useful future.

Resolved, That we tender our sympathies to the bereaved family of which he was an ornament, and to the large circle of friends who appreciated his excellence.

Resolved, That this dispensation has again warned us of the shortness of human life, and the necessity of an early preparation for the solemn change that awaits us all.

Resolved, That we will attend his funeral in a body, and wear the customary badge of mourning for thirty days.

Resolved, That a copy of these resolutions be transmitted to the family of the deceased, and also published in the Daily papers of the city, and Clermont Courier and Sun.

CH. DISNEY,
T. B. COX,
A. C. SHUEY,
B. B. LEONARD,
J. C. DENISE, } Committee.

M. T. CAREY, Chairman.

Sam. Alexander, Secretary.

ST. JOHN'S HOSPITAL.

This is the title of a new hospital which has just commenced its operations in this city under the control of the Sisters of Charity, who are known to be unsurpassed as care-takers of the sick. It is fitted up with the comforts of a home, and for a small compensation, strangers, and those who have not comfortable provision in case of sickness can be accommodated in the best manner.

It is under the medical supervision of Drs. Mussey, Avery, J. P. Judkins, Davis, White, Mendenhall, Murphy and Comegys, and is located on the corner of Broadway and Franklin streets.

WITHDRAWAL.

The connection of the undersigned with the Lancet will cease with the present number of the journal. Necessity arising from other pressing and imperative duties of a professional character renders this course the proper one to pursue. It is due to the readers and contributors of the Lancet that he express his thanks to them for many favors received while acting as assistant editor. The senior editor remains at the post he has held from the commencement of the journal, and his ability and industry in making it interesting and worthy of patronage are sufficiently understood.

GEO. MENDENHALL, M. D.

WESTERN HORTICULTURAL REVIEW.

We continue to receive this valuable monthly journal regularly, which has now reached the third number of the third volume; and cannot therefore be considered any longer as an experiment. Its accomplished editor, Dr. Warder engages in the cause with untiring zeal, and furnishes a journal which cannot well be surpassed in valuable matter, or in mechanical execution. We advise our friends who are interested in horticulture and kindred subjects to patronize the Review.

PSYCHOLOGICAL JOURNAL.

We have before us the prospectus of the "American Psychological Journal," proposed to be issued in this city, by Dr. Edward Mead. It is to consist of 32 pages, every other month, at $1.00 per annum. The first number is to be issued on the first day of January, 1853. The Journal will be devoted chiefly to mental diseases, and medical jurisprudence of insanity. Such a journal cannot fail to be of infinite service to those immediately interested in the important subject to which it will be devoted. We hope it may obtain a large circulation.

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